

L13000093322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

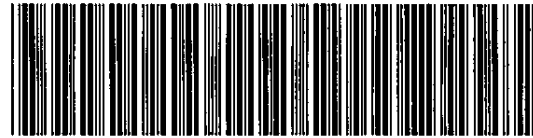
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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14 AUG 25 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

SEP -4 2014

*Amend*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prospect Bradenton Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Tetel

Name of Person

Prospect Real Estate Group, LLC

Firm/Company

477 Commerce Way, Suite 103

Address

Longwood, FL 32750

City/State and Zip Code

ftetel@prospectproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Tetel

Name of Person

407 252-7631

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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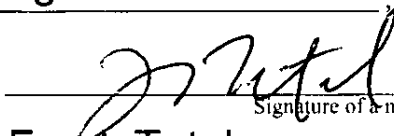
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 18 2014



Signature of a member or authorized representative of a member

Frank Tetel

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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**TALLAHASSEE, FLORIDA**