

LP30000941824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

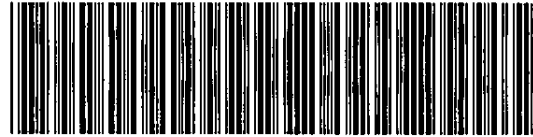
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULY 7 2014

JUL 08 2014
D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Lot 0 North Dale Mabry Hwy 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:

Mark S Berset

Name of Person

Firm/Company

One Beach Drive SE Suite 230

Address

St Petersburg, FL 33701

City/State and Zip Code

lorib@comegys.com

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

For further information concerning this matter, please call:

Mark S Berset

Name of Person

at **727 515-5548**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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LOT O, NORTH DALE MABRY HWY LLC

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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>
AMBR	Pete Apostolou	700 Central Ave St Petersburg, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Derek S Berset	One Beach Dr SE Suite 230 St Petersburg, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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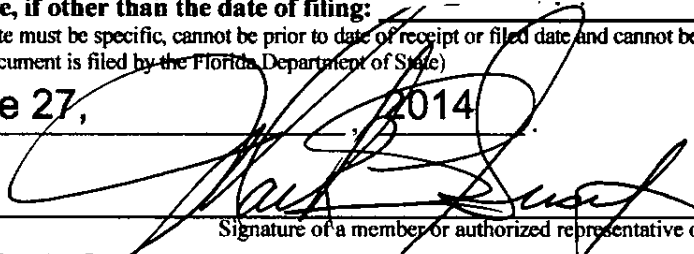
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HILLSBOROUGH COUNTY
TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 June 27, 2014



Signature of a member or authorized representative of a member

Mark S Berset

Typed or printed name of signee

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Filing Fee: \$25.00

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