

L17000 176680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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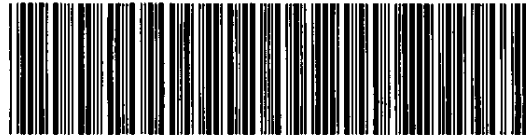
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HTG PINELLAS 2 MANAGER, 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:

MATTHEW RIEGER

Name of Person

MATTHEW RIEGER, P.A.

Firm/Company

3225 AVIATION AVENUE, STE 602

Address

MIAMI, FL 33133

City/State and Zip Code

MATTR@HTGF.COM

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

For further information concerning this matter, please call:

Name of Person 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

HTG PINELLAS 2 MANAGER, 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>
<u>P</u>	<u>RIEGER, RANDY</u>	<u>3225 AVIATION AVENUE</u>	☐ Add
		<u>SUITE 602</u>	☒ Remove
		<u>MIAMI, FL 33133</u>	
<u>VPS</u>	<u>RIEGER, MATTHEW</u>	<u>3225 AVIATION AVENUE</u>	☐ Add
		<u>SUITE 602</u>	☒ Remove
		<u>MIAMI, FL 33133</u>	
<u>VPT</u>	<u>SARIOL, MARIO</u>	<u>3225 AVIATION AVENUE</u>	☐ Add
		<u>SUITE 602</u>	☒ Remove
		<u>MIAMI, FL 33133</u>	
<u> </u>	<u> </u>	<u> </u>	☐ Add
<u> </u>	<u> </u>	<u> </u>	☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add
<u> </u>	<u> </u>	<u> </u>	☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add
<u> </u>	<u> </u>	<u> </u>	☐ Remove

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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 **MAY 21st**, **2014**



Signature of a member or authorized representative of a member

MATTHEW RIEGER

Typed or printed name of signee

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Filing Fee: \$25.00

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