

L13000132833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

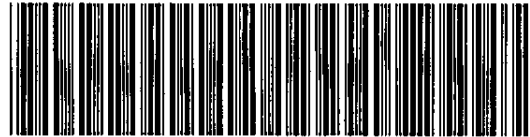
(Business Entity Name)

(Document Number)

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

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2014 JAN 23 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guillen JAN 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **APA FLORIDA 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:

**PERRY C. ROHAN**

Name of Person

**APA FLORIDA LLC**

Firm/Company

**21 SE 5TH AVENUE, SUITE A**

Address

**DELRAY BEACH, FL 33483**

City/State and Zip Code

**PROHAN@FLORIDARESREALTY.COM**

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

For further information concerning this matter, please call:

**PERRY C. ROHAN**

Name of Person

at **561 450-6783**

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



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>
MGRM	AMY ROHAN	158 ROY COURT CIR	<input type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Remove
MGRM	ALAN LUCKER	158 ROY COURT CIR	<input type="checkbox"/> Add
		ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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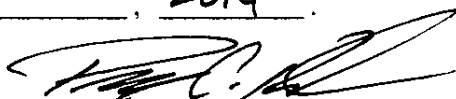
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 JANUARY 20, 2014.



Signature of a member or authorized representative of a member

PERRY C. ROHAN - PRESIDENT / MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

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