

L13000 135480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

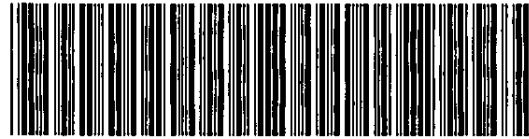
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

OCT -8 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5571 Flagler Street, 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:

Susan Strauss

Name of Person

Firm/Company

701 S Olive Ave #501

Address

West Palm Beach, FL 33401

City/State and Zip Code

ss Strauss100@gmail.com

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

For further information concerning this matter, please call:

Susan Strauss

Name of Person

917 716-9428

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

5571 Flagler Street, LLC

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Equity Trust Cust	701 S Olive Ave #1508	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF THE
TALLAHASSEE COUNTY

2013 OCT -7 PM 2:48

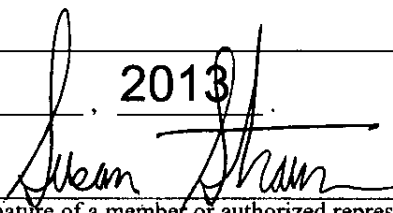
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

October 4

, 2013



Signature of a member or authorized representative of a member

Susan Strauss

Typed or printed name of signee

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Filing Fee: \$25.00

SECRET
TALLAHASSEE, FLORIDA

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