

L14 000028772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

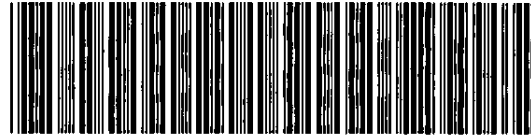
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01005--009 **25.00

16 MAY 27 PM 6:19
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **907 SOUTHEAST BYWOOD AVE, 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:

P.L. Braswell

Name of Person

Firm/Company

3309 Northlake Blvd., Suite 107

Address

Palm Beach Gardens, FL 33403

City/State and Zip Code

fipstrick@aol.com

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

For further information concerning this matter, please call:

P. L. Braswell

Name of Person

at **561 625-6255**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

907 Southeast Bywood Ave, 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>
MGR	P.L. Braswell	3309 Northlake Blvd.	<input checked="" type="checkbox"/> Add
		Suite 107	<input type="checkbox"/> Remove
		Palm Beach Gardens, FL 33403	
AMBR	P.L. Braswell	3309 Northlake Blvd.	<input checked="" type="checkbox"/> Add
		Suite 107	<input type="checkbox"/> Remove
		Palm Beach Gardens, FL 33403	
MGR	Vito S. Pantilione	601 Delsa Drive	<input type="checkbox"/> Add
		Sewell, NJ 08080	<input checked="" type="checkbox"/> Remove
MGR	Ralph Gallo	601 Delsa Drive	<input type="checkbox"/> Add
		Sewell, NJ 08080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

16 MAR 27 11 08 AM
VOLUME 1031103854

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 16, 2014

P.L. Braswell

Signature of a member or authorized representative of a member

P.L. Braswell

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
MAY 27 2014
STATE OF FLORIDA
CLERK OF THE COURT