

L14000039881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

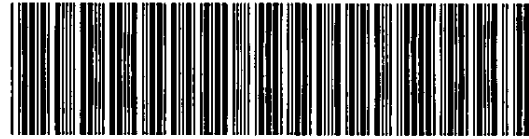
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1 MEADOWCREST APARTMENTS, 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:

ENGLANTINA GEGA  
Name of Person  
~~80 BROOKSIDE DR~~  
Firm/Company  
80 BROOKSIDE DR  
Address  
GREENWICH CT 06831  
City/State and Zip Code  
tinandojo@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Englantina Name of Person  
at (516) 603-8600  
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

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1 MEADOWCREST APARTMENTS, LLC

Page 1 of 3



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

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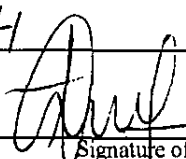
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 4/2/14 \_\_\_\_\_



Signature of a member or authorized representative of a member

ENGLANTINA GEG

Typed or printed name of signee

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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