

L14:000053550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

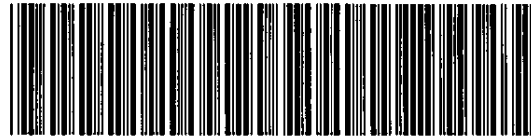
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRN
7/25/14



Woods-Weidenmiller
Michetti-Rudnick

July 21, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Cypress Provisions, LLC
Our file no.: 12008-001

To Whom This May Concern:

In connection with the above-referenced matter, enclosed is this firm's trust account check number 1037 in the amount of \$25.00 which represents the filing fee along with the cover letter.

If you should have any questions or concerns with this matter, please feel free to contact us.

Sincerely,



Sonia M. Rivas
Real Estate Assistant

/smr
enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Provisions 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:

Michael L Michetti

Name of Person

Woods Weidenmiller Michetti & Rudnick, PL

Firm/Company

9045 Strada Stell Court, Fourth Floor

Address

Naples, FL 34109

City/State and Zip Code

mmichetti@lawfirmnaples.com

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

For further information concerning this matter, please call:

Michael Michetti

Name of Person

at (239) 325-4070

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

Cypress Provisions 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>
AMBR	Healy, John	12429 Green Stone Ct. Fort Myers, FL 33913	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Healy, Keith	12011 Rock Brook Run #2003 Fort Myers, FL 33913	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	HEALY, KEITH M	100 LINCOLN AVENUE APT 3C MINEOLA, NY 11501	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	HEALY, JOHN K	350 DOGWOOD LANE MANHASSET, NY 11030	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

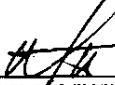
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 July 17, 2014



Signature of a member or authorized representative of a member

Michael L. Michetti

Typed or printed name of signee

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Filing Fee: \$25.00

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