

L14 0000 57807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

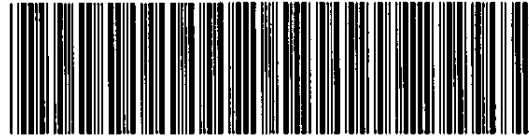
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2014

AARON RESNICK
100 N BISCAYNE BLVD SUITE 1607
MIAMI, FL 33132

SUBJECT: HYDE BEACH RESORT 803, LLC
Ref. Number: L14000057807

We have received your document for HYDE BEACH RESORT 803, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00015151

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HYDE BEACH RESORT 803, 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:

Aaron Resnick

Name of Person

Firm/Company

100 N. Biscayne BLVD, Suite 1607

Address

Miami, FL 33132

City/State and Zip Code

aresnick@thefirmmiami.com

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

For further information concerning this matter, please call:

Aaron Resnick

Name of Person

at **(305) 672-7495**

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

HYDE BEACH RESORT 803, LLC

Page 1 of 3

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

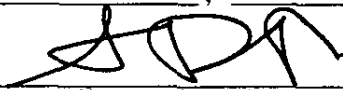
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGELA SANTAMARIA	450 ALTON ROAD, UNIT 2202	☐ Add
		MIAMI BEACH, FL 33139	☒ Remove
MGR	Santiago Baron	1945 S. Ocean Drive. #507	☒ Add
		Hallandale Beach, FI 33009	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 11, 2014



Signature of a member or authorized representative of a member

Aaron Resnick, Registered Agent / Attorney in fact

Typed or printed name of signer

Authorized representative of member