

L14000059173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

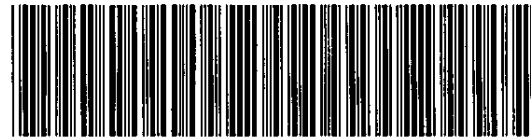
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Villas Florida, LLC
Name of Limited Liability Company

Document #
L14000059173

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

P.G. Shoebriidge
Name of Person

Dream Villas Florida, LLC
Firm/Company

139 Belfry Drive
Address

Davenport, FL 33897
City/State and Zip Code

Philip@regal-palms.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Shoebriidge at (863) 354-6366
Name of Person 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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CLERK OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

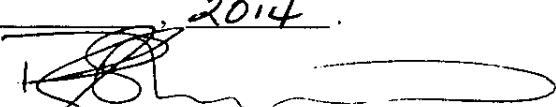
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert Farmer	628 North Hampton Dr	<input type="checkbox"/> Add
		Davenport, FL 33897	<input checked="" type="checkbox"/> Remove
AMBR	Richard Wilkes	2700 Sand Mine Rd.	<input checked="" type="checkbox"/> Add
		Davenport, FL 33897	<input type="checkbox"/> Remove
AMBR	Russel Christner	2700 Sand Mine Rd.	<input checked="" type="checkbox"/> Add
		Davenport, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> 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 August 1 2014



Signature of a member or authorized representative of a member

Philip Shoebridge

Typed or printed name of signee