

1 14 0000 80970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

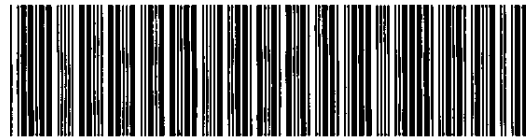
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14/01/14 14:00:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rasemont Gardens 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:

Jessica Rasemont
Name of Person

Rasemont Gardens LLC
Firm/Company

3416 Baynoldswood Dr.
Address

Tampa, FL 33618
City/State and Zip Code

jessrasemont@rasemontgardens.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Rasemont at (813) 817-4691
Name of Person 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

Rosemont Gardens 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

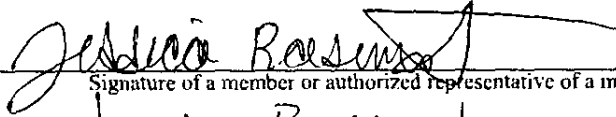
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	Jason Jorski	7222 BAY CLUB COURT	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
Mr.	Todd Rasemont	3416 Reynoldswood Dr.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33618	<input type="checkbox"/> 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 8, 2014.



Signature of a member or authorized representative of a member

Jessica Raseman

Typed or printed name of signee

2014 AUG 19 11 52