

L14 0000 92167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

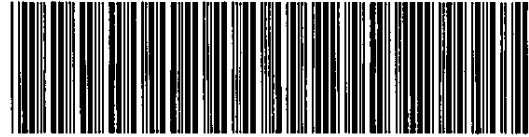
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/14--01015--002 **25.00

14/08/2014 14:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATLIN DINNER 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:

Melvin Pfirman
Name of Person

GATLIN Diner
Firm/Company

918 SW GATLIN BLVD.
Address

Port St. Lucie, Florida
City/State and Zip Code

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

For further information concerning this matter, please call:

Melvin Pfirman at (561) 312-2506
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

GATLIN DINER L.L.C.

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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

Title	Name	Address	Type of Action
AMBR	MELVIN PFIRMAN	4558 SW Cacao ST. Port St Lucie FL.	☐ Add
			☒ Remove
AMBR	LEANN H. Hughes	272 CAMINO DEL RIO Port St. Lucie FL	☒ Add
			☐ 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 August 18, 2014.

Melvin Pluman Pres.
Signature of a member or authorized representative of a member
MELVIN PFIRMAN
Typed or printed name of signee