

L14 000088354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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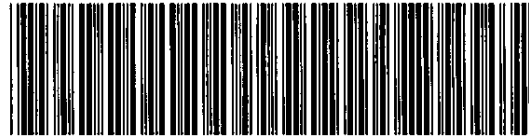
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. YOUNG

AUG 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Retreat House, 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:

Todd Fullone

Name of Person

The Retreat House, LLC

Firm/Company

500 Maplewood Drive, Unit 4

Address

Jupiter, FL 33458

City/State and Zip Code

tfullone@pbretreat.com

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

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For further information concerning this matter, please call:

Christopher Finley

Name of Person

at 561 265-5053

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

The Retreat House, 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	Christopher Finley	4072 Artesa Drive	<input type="checkbox"/> Add
		Boynton Beach, FL	<input checked="" type="checkbox"/> Remove
MGR	Todd Fullone	500 Maplewood Drive	<input checked="" type="checkbox"/> Add
		Unit 4	<input type="checkbox"/> Remove
		Jupiter, FL 33458	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 August 21, 2014



Signature of a member or authorized representative of a member

Christopher Finley

Typed or printed name of signee

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