

L4400096329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

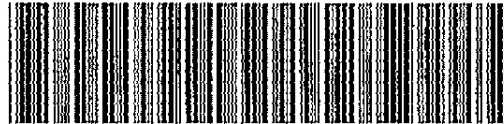
(Business Entity Name)

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J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

LINLEY B. SCHATZMAN, ESQ.
STEVEN SERLE, PA
6070 N. FEDERAL HWY
BOCA RATON, FL 33487

SUBJECT: LONGEVITY VENTURES, LLC
Ref. Number: L14000096329

We have received your document for LONGEVITY VENTURES, LLC and your check(s) totaling \$25.00. 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 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 815A00007340

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longevity Ventures, 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:

Linley B. Schatzman, Esq.

Name of Person

Steven Serie, PA

Firm/Company

6070 N. Federal Highway

Address

Boca Raton, FL 33487

City/State and Zip Code

Linley@stevenserlepa.com

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

For further information concerning this matter, please call:

Linley B. Schatzman, Esq.

561

912-3561

Name of Person

at

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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MGR = Manager
AMBR = Authorized Member

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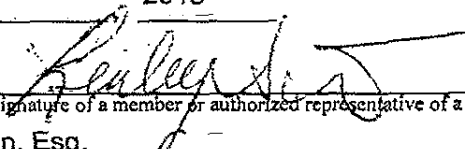
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 March 18 2015



Signature of a member or authorized representative of a member

Linley B. Schatzman, Esq.

Typed or printed name of signer

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Filing Fee: \$25.00

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