

L140000143695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

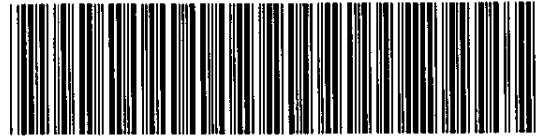
(Business Entity Name)

(Document Number)

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J. CRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **1st Site Management 1, 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:

Michael W. Malarney, Esq.

Name of Person

The Pearl Law Firm, P.A.

Firm/Company

7400 Tamiami Trail North, #101

Address

Naples, Florida 34108

City/State and Zip Code

mike@investorattorneys.com

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

For further information concerning this matter, please call:

Michael Malarney

Name of Person

at **239** **653-9330**

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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1st Site Management 1, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Sandro X DaSilva</u>	<u>P.O. Box 8025</u>	☐ Add
		<u>Naples, Florida 34101</u>	☒ Remove
<u>AMBR</u>	<u>Sandro Ricardo Xavier Da Silva</u>	<u>P.O. Box 8025</u>	☒ Add
		<u>Naples, Florida 34101</u>	☐ Remove
<u>AMBR</u>	<u>Ellie Maclaren</u>	<u>P.O. Box 8025</u>	☐ Add
		<u>Naples, Florida 34101</u>	☒ Remove
<u>AMBR</u>	<u>Ellie Maclaren Xavier Da Silva</u>	<u>P.O. Box 8025</u>	☒ Add
		<u>Naples, Florida 34101</u>	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

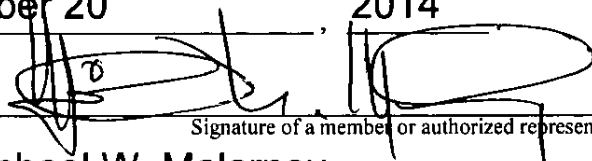
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 October 20, 2014



Signature of a member or authorized representative of a member

Michael W. Malarney

Typed or printed name of signee

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Filing Fee: \$25.00

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