

U500000 7097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

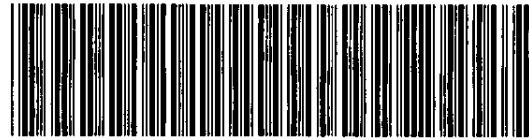
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

JAN 30 2015  
J. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Cabo Doral City Place, 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:

Marci A. Rubin

Name of Person

Phillips, Cantor, Shalek, Rubin & Pfister, P.A.

Firm/Company

4000 Hollywood Blvd., Suite 500-N

Address

Hollywood, FL 33021

City/State and Zip Code

mrubin@phillipslawyers.com

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

For further information concerning this matter, please call:

Marci A. Rubin

Name of Person

at 954 966-1820

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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Cabo Doral City Place, LLC

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SUBSTANTIAL COMPLIANCE WITH THE  
FEDERAL RECORDS MANAGEMENT ACT

Code

comply with the  
federal records management act

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	Valles, Delia	621 NW 53rd Street	<input checked="" type="checkbox"/> Add
		#320	<input type="checkbox"/> Remove
		Boca Raton, FL 33487	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amfending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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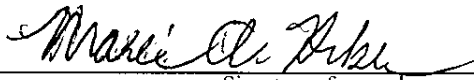
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 January 16, 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Marci A. Rubin, Authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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