

L15000061830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

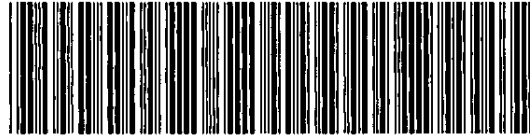
(Business Entity Name)

(Document Number)

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2015 JUN 12 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Outgen JUN 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CANDIA WEST BAY, 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:

GEORGE G. PAPPAS, ATTORNEY

Name of Person

GEORGE G. PAPPAS, P.A.

Firm/Company

1822 N. BELCHER RD., STE. 200

Address

CLEARWATER, FL 33765

City/State and Zip Code

terry@cretereit.com

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

For further information concerning this matter, please call:

George G. Pappas

727

447-4999

at (_____) _____

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

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2015 JUN 12 PM 12: 30

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	ANGELO SAKIS	3774 MULLENHURST DR.	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ANGELO SAKIS	3774 MULLENHURST DR.	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	EMMANUEL E. VELIVASAKIS	3774 MULLENHURST DR.	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TINA SAKIS	3774 MULLENHURST DR.	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORSA VELIVASAKIS	3774 MULLENHURST DR.	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORSA VELIVASAKIS	3774 MULLENHURST DR.	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

