

L15000079044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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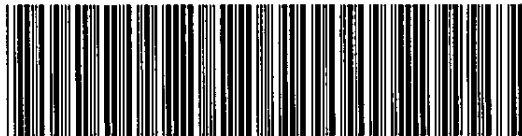
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MAY 18 2015

W PAINTER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROGER A. CONIGLIONE L.L.C.**

\_\_\_\_\_  
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:

Roger A. Coniglione

\_\_\_\_\_  
Name of Person

ROGER A. CONIGLIONE L.L.C.

\_\_\_\_\_  
Firm/Company

17 Farmstead Lane

\_\_\_\_\_  
Address

West Hartford, Connecticut 06117

\_\_\_\_\_  
City/State and Zip Code

roger.coniglione@gmail.com

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

For further information concerning this matter, please call:

Roger A. Coniglione

860 595-9248  
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

ROGER A. CONIGLIONE L.L.C.

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>
president	Roger A. Coniglione	17 Farmstead Lane	<input checked="" type="checkbox"/> Add
		West Hartford	<input type="checkbox"/> Remove
		Connecticut 06117	<input type="checkbox"/> Change
AMBR	Terese L. DiPillo	399 Northwest 7th Avenue	<input checked="" type="checkbox"/> Add
		Boca Raton	<input type="checkbox"/> Remove
		Florida 33486	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 15

2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROGER A. CONIGLIONE

Typed or printed name of signee

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