

L15000086927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

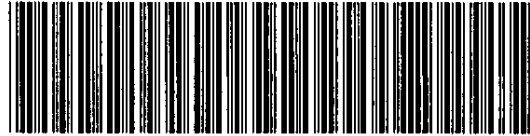
(Business Entity Name)

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SECH. TARI. OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

CONDO ON PINECREST, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Paul J. Bupivi

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

LAWRENCE & ASSOCIATES

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

1990 Main Street - Suite 750

\_\_\_\_\_  
Address

Sarasota, Florida 34236

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

glynisgleasoncordeiro@gmail.com

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

For further information concerning this matter, please call:

Paul J Bupivi

941

404-6360

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



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	Glynis Gleason-Cordeiro	5445 Ashton Manor Drive	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dorothy J. Moecker Trust	5445 Ashton Manor Drive	<input type="checkbox"/> Add
		Sarasota, Florida 34233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SARASOTA, FLORIDA

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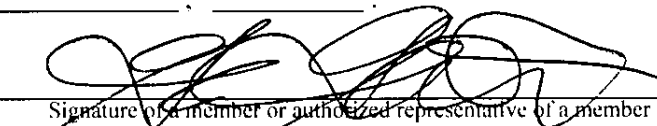
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 June 23, 2015

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

Glynis Gleason-Coreiro, Trustee of the Dorothy J Moecker Revocable Trust

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

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