

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GRC@PCOHENLAW.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PBP 7TH AVE LLC**

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** PBP 7TH AVE LLC, a Florida limited liability company  
 \_\_\_\_\_  
 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:

Gregory R. Cohen, Esq.

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

Cohen, Norris, Wolmer, Ray, Telepman & Cohen

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

712 US Highway One, Ste. 400

\_\_\_\_\_  
 Address

North Palm Beach, FL 33408

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

grc@cohenlaw.com

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

For further information concerning this matter, please call:

Gregory R. Cohen, Esq.

at ( 561 ) 844-3600

\_\_\_\_\_  
 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 &  
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 (additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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**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

FILED  
 JUN 10 2017  
 10:08 AM  
 TALLAHASSEE, FL



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>
MGR	Paul A. Henderson	140 Intracoastal Pointe Dr #306	<input type="checkbox"/> Add
		Jupiter, FL 33477	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 2-9, 2017.

Signature of a member or authorized representative of a member

Robert Charney  
Typed or printed name of signer

mange ✓

Typed or printed name of signer