

L15000/33426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

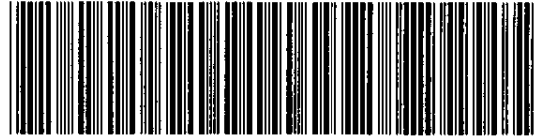
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CABANA ROAD HOLDINGS 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:

BRIAN J. MYLETT

Name of Person

CABANA ROAD HOLDINGS LLC

Firm/Company

742 US HIGHWAY ONE, STE 210

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

BETHANY@CAPITALCORPORATIONS.COM

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

For further information concerning this matter, please call:

BRIAN J. MYLETT

561 707-2710
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

CABANA ROAD HOLDINGS LLC

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>
MGR	BETHANY TOMLINSON	742 US HWY ONE, STE 210	<input type="checkbox"/> Add
		N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAPITAL 21, LLC	742 US HWY ONE, STE 210	<input checked="" type="checkbox"/> Add
		N. PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated AUGUST 12 2015

Signature of a member or authorized representative of a member

BRIAN J. MYLETT

Typed or printed name of signee

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