

L15000141025

(Requestor's Name)

(Address)

(Address)

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FALLHASSIE, OHIO

K. SALY
EXAMINER

APR -7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREEK FOREST GAINESVILLE 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:

Michael D Wild
Name of Person

WFP LAW
Firm/Company

1250 S PINE ISLAND RD, STE 200
Address

PLANTATION FL 33324
City/State and Zip Code

MWILD@WFP.LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wild at (954) 944-2855
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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13015

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

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	BOAZIZ, RAMI	2450 NE MIAMI GARDENS DRIVE	☐ Add
		STE 200	☒ Remove
		MIAMI FL 33180	☐ Change
MGRM	RAMI BOAZIZ LIVING TRUST	2450 NE MIAMI GARDENS DRIVE	☒ Add
		STE 200	☐ Remove
		MIAMI FL 33180	☐ Change
MGRM	EPOXY REAL ESTATE INVESTMENTS OF DELAWARE LLC	2711 CENTERVILLE ROAD	☒ Add
		STE 400	☐ Remove
		WILMINGTON DE 19808	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

APR 16 12:50 PM
TALLAHASSEE FLORIDA

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

2016 APR -14 PM 12:57
ALLA KASSAB, F. EL DORNO

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 _____, _____.

~~Signature of a member or authorized representative of a member~~

Rami A Boaziz
Typed or printed name of signee