

# L15000151218

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (786) 899-2235  
Fax Number : (305) 935-9042

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

Email Address: msosa@leopoldkorn.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEASIDE RESIDENCES, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

SEP 14 2015

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09/11/2015 17:12 FAX

LEOPOLD KORN LEOPOLD SNY

002/005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEASIDE RESIDENCES, 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:

Melissa Sosa, RE Paralegal

Name of Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

msosa@leopoldkorn.com

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

For further information concerning this matter, please call:

Melissa Sosa

786

899-2232

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



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

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WASHINGTON, D.C. 20520-7000

**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 September 11, 2015

Norman Leopold Attorney  
Signature of a member or authorized representative of a member