

L15000158049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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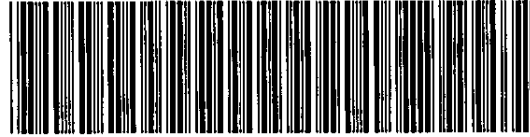
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAC APOPKA, 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:

Louis A. Sousa, Esq.

Name of Person

Lisa & Sousa, Ltd.

Firm/Company

5 Benefit Street

Address

Providence, RI 02904

City/State and Zip Code

n/a

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

For further information concerning this matter, please call:

Diane R. Protano

at (401) 274-0600

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

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	Carlos Ribeiro	2660 South Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Unit #706S	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	<input type="checkbox"/> Change
MGR	Diane Cavallo	2660 South Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Unit #706S	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	<input type="checkbox"/> Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Unit #706S	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	<input type="checkbox"/> Change
MGR	Tanya DaCosta	2660 South Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Unit #706S	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	<input type="checkbox"/> Change
MGR	Christopher DaCosta	2660 South Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Unit #706S	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	<input type="checkbox"/> Change
MGR	Lindsey DiPietro	2660 South Ocean Boulevard	<input checked="" type="checkbox"/> Add
		Unit #706S	<input type="checkbox"/> Remove
		Palm Beach, FL 33480	<input type="checkbox"/> Change

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SEE ADDITIONAL PAGE

(continued)

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>ACTION</u>
MGR	Alexander DiPietro	2660 South Ocean Boulevard Unit #706S Palm Beach, FL 33480	Add

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TALLAHASSEE, FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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 October 23, 2015

Charles P. Anderson
Signature of a member or authorized representative of a member

Carlos P. Andrade, Manager

Typed or printed name of signee

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
on the earlier of: