

Oct 01 2020 1:41PM

NICK SPRADLIN

8133336358

p. 1

9/30/2020

Division of Corporations

# Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000341006 3)))



H200003410063ABCQ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone : (813)435-3176

Fax Number : (813)333-6358

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

Email Address:

NS@NickSpradlin.Com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GABRIELE'S LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SULMER  
OCT 02 2020

Electronic Filing Menu

Corporate Filing Menu

Help



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	ROSEMARIE GABRIELE	13100 GRAND TRAVERSE DR.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		DADE CITY, FL 33525	<input type="checkbox"/> Change
MGR	PETER MARK GABRIELE	710 Amberst DR SE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Albuquerque, NM 87106	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000341006 3

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

[illegible]

**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 09/14 2020

Signature of a member or authorized representative of a member

PETER MARK GABRIELE AS AUTHORIZED REP. OF A MEMBER

Typed or printed name of signee

H20000341006 3

**Filing Fee: \$25.00**