

L16 000 140 188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

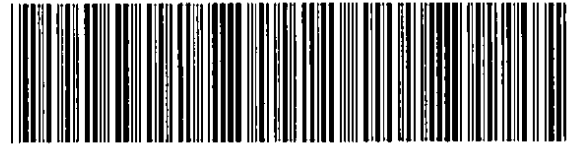
(Document Number)

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June 26

Office Use Only



200407310342

— *Journal of the American Medical Association*, 1957, 165: 1031.

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SUNNY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coral Pearl Vacation Home 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:

Oliver Huttner

Name of Person

Management Fax Consulting Inc

Firm/Company

4430 Orchid Blvd Ste 202

Address

Cape Coral, FL 33904

City/State and Zip Code

mtc.florida@gmail.com

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

For further information concerning this matter, please call:

Oliver Huttner

239

645-4208

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Leonid Klause	1455 Myrtle Oak Ter	<input type="checkbox"/> Add
		Hollywood, FL 3302	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Larissa Klause	1455 Myrtle Oak Ter	<input type="checkbox"/> Add
		Hollywood, FL 3302	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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702

(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)

Filing Fee: \$25.00