

L16000 146003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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AUG 22 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Casa Bella Realtor 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:

Robert E Garrell

Name of Person

Casa Bella Realtor

Firm/Company

2851 SE calvin St.

Address

Port St. Lucie FL 34952

City/State and Zip Code

robertgarrell@gmail.com

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

For further information concerning this matter, please call:

Bob Garrell

772 834-3426
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

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TALLAHASSEE, FLORIDA

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Casa Bella Realtor LLC

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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	Robert E Garrell	2851 SE Calvin St. Port St. Lucie FL 34952	☒ Add
			☐ Remove
			☐ Change
MGR	Robert E Garell	2851 SE Calvin St. Port St. Lucie FL 34952	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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