

L 17000064424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

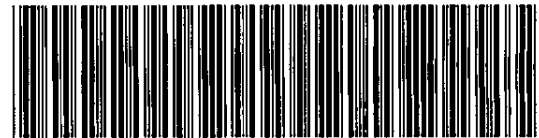
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

APR 18 2017

MILKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2017

WILLIAM C FONTICIELLA
110 MORGATE CIRCLE
ROYAL PALM BEACH, FL 33411

SUBJECT: FONTICIELLA PROPERTY MANAGEMENT LLC
Ref. Number: L17000064424

We have received your document for FONTICIELLA PROPERTY MANAGEMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A00006432

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FONTICIELLA PROPERTY MANAGEMENT. 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:

WILLIAM C. FONTICIELLA
Name of Person

FONTICIELLA PROPERTY MANAGEMENT LLC.
Firm/Company

110 Norgate Circle
Address

Royal Palm Beach, FL 33411
City/State and Zip Code

emwillive@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM FONTICIELLA at (561) 352-3899
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

Title Name Address Type of Action

MGR William Fonticiella 110 Morgate Circle Add
Royal Palm Beach, Fl 33411 Remove

_____ Change

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STATE OF FLORIDA

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

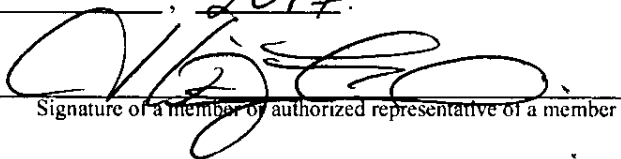
Multiple horizontal lines for amending information.

17 APR 24 AM 12:16
STATE OF CONNECTICUT
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: A.S.A.P. (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 3/29, 2017.


Signature of a member or authorized representative of a member

WILLIAM C. FONTICELLA
Typed or printed name of signee