

U7000171695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

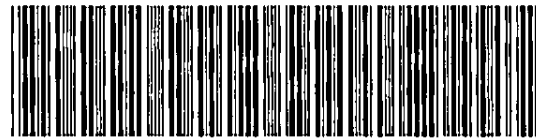
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT 13 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 16 2017  
J SHIVERS

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** ENTERCOASTAL 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:

BARBARA RHEINECKER

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6701 BRYAN DAIRY ROAD, UNIT 401

\_\_\_\_\_  
Address

CLEARWATER, FL 33777

\_\_\_\_\_  
City/State and Zip Code

BARB@ENTERCOASTALREALESTATE.NET

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

For further information concerning this matter, please call:

BARBARA RHEINECKER

314 393-9343

\_\_\_\_\_  
Name of Person


at (\_\_\_\_\_) \_\_\_\_\_  
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

ENTERCOASTAL LLC

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17 OCT 13 AM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Zip Code

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	JAMES GIBSON	6701 BRYAN DAIRY ROAD, STE 401	<input type="checkbox"/> Add
		CLEARWATER, FL 33777	<input checked="" type="checkbox"/> Remove
		6701 BRYAN DAIRY ROAD, STE 401	<input type="checkbox"/> Change
MGR	BARBARA RHEINECKER	CLEARWATER, FL 33777	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
FALL AIR ASSURE FLORIDA

17 OCT 13 AM 7:36  
SECURITY OF BALTIC  
ALLIANCE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Dated October 7, 2017

Signature of a member or authorized

Signature of a member or authorized representative of a member

BARBARA RHEINECKER

Typed or printed name of signee