

L18000023/15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

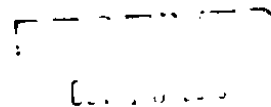
Special Instructions to Filing Officer:

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*Amend
LTS
1024-18*

FILED
2018 OCT 15 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANERO HOSPITALITY 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:

ANGUS C. ROGERS

Name of Person

MANERO HOSPITALITY LLC

Firm/Company

783 S. ORANGE AVE., SUITE 210

Address

SARASOTA, FL 34236

City/State and Zip Code

Angus@floridays.net

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

For further information concerning this matter, please call:

ANGUS C. ROGERS

941
at ()

362-9377

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

FILED

(Name of the Limited Liability Company as it now appears on our records.) PART OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be 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	NERBONNE NORTH DEVELOPMENT CORPORATION	783 S. ORANGE AVE., SUITE 210, SARASOTA, FL 34236	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGUS C. ROGERS	783 S. ORANGE AVE., SUITE 210, SARASOTA, FL 34236	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES P. BUTSON	3862 EAST TORCH LAKE DR. THE VILLAGES, FL 32136	<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

[illegible]

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.

Dated OCTOBER 9, 2018

Angela C. [Signature]
Signature of a member of the

Signature of a member or authorized representative of a member

ANGUS C. ROGERS, MANAGER

Typed or printed name of signee