

L1800136302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

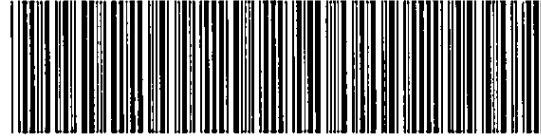
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NE 45TH STREET LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kurt D. Zimmerman

Name of Person

Zimmerman & Associates, PA

Firm/Company

2400 E. Commercial Blvd, Suite 820

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

kurt@zimmermanlaw.com

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

For further information concerning this matter, please call:

Kurt D. Zimmerman

954

202-7440

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

NE 45TH STREET 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	Kurt Zimmerman	2400 E. Commercial Blvd., #820 Fort Lauderdale, FL 33308	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Sharon Gustafson	3200 N Ocean Blvd., #1905 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Shannon Brooks	3120 NE 45th Street Fort Lauderdale, FL 33308	<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

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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 27, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee