

LI8000177345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kings Place Apartments, 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:

Kyle Peters

Name of Person

KP Law, PLLC

Firm/Company

221 N. Hogan Street, # 375

Address

Jacksonville, Florida 32202

City/State and Zip Code

kpeters@kpeterslaw.com

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

For further information concerning this matter, please call:

Kyle Peters

904 476-4790
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

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>
AMBR	Venu Vinod Arey	3101 Lyme Ridge Dr	<input checked="" type="checkbox"/> Add
		Leander, TX 78641	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jayadev Surapaneni	4181 Boneso Cir	<input checked="" type="checkbox"/> Add
		San Jose, CA 95134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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