

**L1800021A411**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

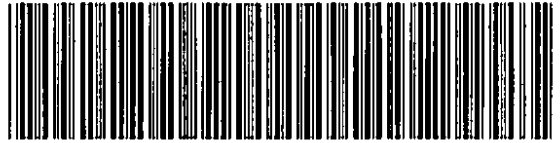
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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JAN 28 2020

2020 JAN 24 AM 7:47

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2020

PETER MEROLI  
MANDALAY RENTALS LLC  
692 BAY ESPLANADE  
CLEARWATER, FL 33767

SUBJECT: MANDALAY RENTALS LLC  
Ref. Number: L18000214411

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 720A00000847

RECEIVED  
2020 JAN 24 1:21:01

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MANDALAY RENTALS 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:

PETER MEROLI

Name of Person

MANDALAY RENTALS LLC, Document Number: 11800011411

Firm/Company

692 BAY ESPLANADE

Address

CLEARWATER, FL 33767

City/State and Zip Code

PETER\_MEROLI@YAHOO.COM

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

For further information concerning this matter, please call:

PETER MEROLI

727 259-8117  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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	JOSEPH EGAN	612 MANDALAY AVE CLEARWATER, FL 33767	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIGI NOVEMBRE	689 BAY ESPLANADE, CLEARWATER FL, 33767	<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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**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 3 DECEMBER

PETER MEROLI

**Filing Fee: \$25.00**