

LIS000 223000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

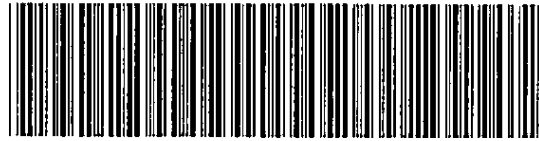
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 05 2020

10/06/20--01003--023 **25.00

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DEC 10 2020

2020 DEC -3 PM 1:38

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2020

RITA HUTTER
PGH TRUST
1745 OLD DIXIE HWY
VERO BEACH, FL 32960

SUBJECT: EQUESTRIAN ACRES AT POLO SQUARE LLC
Ref. Number: L18000223000

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: 320A00022841

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUESTRIAN ACRES AT POLO SQUARE 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:

RITA HUTTER

Name of Person

PGH TRUST

Firm/Company

1745 OLD DIXIE HWY

Address

VERO BEACH, FL 32960

City/State and Zip Code

myhomes13@gmail.com

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

For further information concerning this matter, please call:

RITA HUTTER

772 778-5225
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 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 | Dina Hutter | 1745. Old Dixie Hwy. New Beach | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | PETER G HUTTER | 1745. Old Dixie Hwy. New Beach FL 32960 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

[Handwritten signature]

RITA HUTTER

Typed or printed name of signee

Filing Fee: \$25.00