

LIB000 224915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

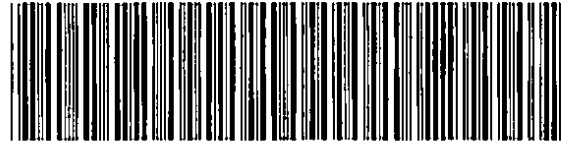
(Document Number)

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

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Office Use Only



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02/11/19--01013--014 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAR - 7 AM 9:41

FILED

LLC  
Amend.

03/13/19

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2019

JAYESH PATEL  
150 DOUGLAS AVE.  
ALTAMONTE SPRING, FL 32714

SUBJECT: 5G DEVELOPMENT AND MANAGEMENT LLC.  
Ref. Number: L18000224915

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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized 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.

Darlene<sup>8</sup> Connell  
Regulatory Specialist II Supervisor

Letter Number: 519A00003526

RECEIVED  
2019 MAR -7 AM  
SECRET  
TALLAH

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: G5 DEVELOPMENT AND MANAGEMENT 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:

JAYESH PATEL

\_\_\_\_\_  
Name of Person

G5 DEVELOPMENT AND MANAGEMENT LLC

\_\_\_\_\_  
Firm/Company

150 DOUGLAS AVENUE

\_\_\_\_\_  
Address

ALTAMONTE SPRING, FL 32714

\_\_\_\_\_  
City/State and Zip Code

JDPBESTWEST@GMAIL.COM

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

For further information concerning this matter, please call:

JAYESH

407

928-0999

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

5G DEVELOPMENT AND MANAGEMENT LLC.

Page 1 of 3

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>
<u>MR.</u>	<u>BHARAT DESAI</u> <u>(MGR)</u>	<u>19700, U.S. HWY 441,</u> <u>MOUNT DORA, FL - 32757</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MR.</u>	<u>UMESH PATEL</u> <u>(MGR)</u>	<u>3001 ALOMA AVE,</u> <u>WINTER PARK, FL - 32792.</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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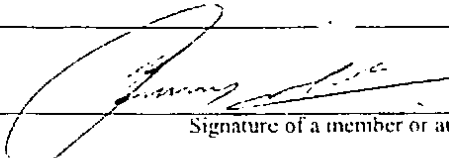
**F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**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.

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.

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JAYESH D PATEL

\_\_\_\_\_  
Typed or printed name of signer