

L19000214453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

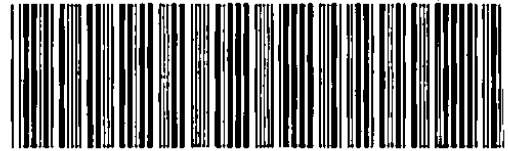
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1 ALBERTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRUZ REALTY, 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:

AUNDRE SCOTT

Name of Person

MITRE ACCOUNTING & TAX SERVICES, LLC

Firm/Company

15701 SR 50, STE 202

Address

CLERMONT, FL 34711

City/State and Zip Code

taxes@mitreaccountingandtax.com

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

For further information concerning this matter, please call:

AUNDRE SCOTT

352 242-9905

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	LA ROSA, JOSEPH ANDRE	1420 Celebration Blvd.	<input checked="" type="checkbox"/> A
		Suite 200	<input type="checkbox"/> R
		CELEBRATION, FL 34747	<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
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[illegible]

(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 60:

(b) The 90th day after the record is filed.

Dated 9/24/2019

Signature of a member

Signature of a member or authorized representative of a member

SAMUEL CRUZ

Typed or printed name of signee