

114000273027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

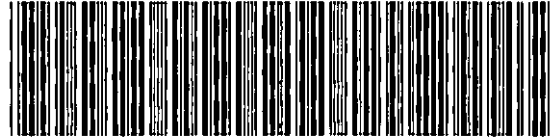
(Business Entity Name)

(Document Number)

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R. WHITE  
JUN 02 2020

2020 JUN 14 11:43

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CENTRAL FLORIDA CITY & BEACH ALLS GROUP, 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:

LAUREN LEMAY

Name of Person

COAST TO COAST ALLS GROUP, LLC

Firm/Company

322 E. PINE STREET

Address

ORLANDO, FL 32801

City/State and Zip Code

MANAGER@JPARORLANDO.COM

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

For further information concerning this matter, please call:

LAUREN LEMAY

407

818-8740

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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[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 605.0207 (3)(b)

Dated May 1, 2020

ee

LAUREN LEMAY

**Filing Fee: \$25.00**