

L23000443757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

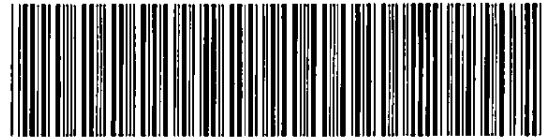
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 MAY 15 AM 11:41

STATE
CLERK'S OFFICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2024

JEREMY FEIL
1826 8TH AVE SW
VERO BEACH, FL 32962

SUBJECT: MASTERS PROPERTY SERVICES LLC
Ref. Number: L23000443757

We have received your document for MASTERS PROPERTY SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Kiora Hester
Regulatory Specialist II

Letter Number: 924A00008165

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TALLAHASSEE, FL
STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masters Property Services
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:

Jeremy Feil
Name of Person

Masters Property Services
Firm/Company

1826 8th Ave SW
Address

Vero Beach FL, 32962
City/State and Zip Code

master my property@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Feil at (772) 828-7810
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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Masters Property Services LLC

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>
AMBR	Josue Terrones	2713 Rhode Island Ave	<input type="checkbox"/> Add
		Fort Pierce, FL, 34947	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael J. Hernandez	2215 3rd Ln SW	<input type="checkbox"/> Add
		Vero Beach, FL 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF DISTRICT COURT
JANUARY 15, 1977

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 4/30/24 A :

Signature of a member or authorized representative of a member

Typed or printed name of signee