1050005760		
(Requestor's Name) (Address)		
(Address)	100163407379100	
(City/State/Zip/Phone #)	12/11/0901033003 **30.00	
(Business Entity Name) MOS - 5760 (Document Number)	2010 JAN 13 SECRETARY TALLAHASSE	
Certified Copies Certificates of Status	COF STATE	
Special Instructions to Filing Officer: A. LUNT		
EXAMINER		

Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2009

MICHAEL SCHER 900 SOUTH U.S. HIGHWAY 1, SUITE 108 JUPITER, FL 33477

SUBJECT: EQUIVEST CAPITAL MANAGEMENT, LLC Ref. Number: M05000005760

We have received your document for EQUIVEST CAPITAL MANAGEMENT, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 009A00038252



JAN 13 PH 4:

m

COVER LETTER

TO: **Registration Section Division of Corporations**

Equivest Copital Management, LLC Name of Foreign Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Scher	
Name of Person	
The Low offices of Michael Scher	
Firm/Company	
<u>900 S. U.S. Hickway 1, Suite 108</u> Address U	
-	
<u>Jupiter Florida 33477</u> City/State and Zip Code	
<u>E-mail address: (to be used for future annual report notification)</u>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

rganes at (<u>561</u>) <u>745-7077</u> Son Area Code and Daytime Telephone Number Jane

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>Equivest Capital Mangement, UC</u> .
2. This entity was formed under the laws of:
3. This entity was authorized to transact business in Florida on Oct 13, 200 S and its Florida document/registration number isM0500005760

Name and Address:

4. The name and address of each manager or managing member is as follows:

<u>Title:</u>	
"MGR" = Manager	
"MGRM" = Managing	Member

MGR

Required Signature:

Patrick D. Harrington 900 S. U.S. H. etway 1, Suite 108 Japiter, Fl 33477 RECORD RECORD BIO Signature of Manager, Managing Member of Member .

Filing Fee: \$25