

m18000011061

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.
Account Number : I20040000147
Phone : (239)263-6000
Fax Number : (239)263-6757

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jbrugger@forsythbrugger.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SARASOTA 06-18 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2021 JUN 21 PM 4:00

FILED
2021 JUN 21 AM 10:50
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
SARASOTA COUNTY, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARASOTA 06-18 LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John N. Brugger

Name of Person

Forsyth & Brugger P.A.

Firm/Company

600 FIFTH AVENUE SOUTH SUITE207

Address

NAPLES, FL 34102

City/State and Zip Code

jbrugger@forsythbrugger.com

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

For further information concerning this matter, please call:

John N. Brugger

at (239) 263-6000

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SARASOTA 06-18 LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

1250 Tamiami Trail N, Ste 307

Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

1250 Tamiami Trail N, Ste 307

Naples, FL 34102

2. The Florida document number of this limited liability company is: M18000011061

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 12/07/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: FORSYTH & BRUGGER P.A.

New Registered Office Address: 600 FIFTH AVENUE SOUTH SUITE 207

Enter Florida Street Address

NAPLES

City

Florida 34102

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AVESTA REAL ESTATE	1101 W. 34TH Street # 323	<input type="checkbox"/> Add
		Austin TX 78705	<input checked="" type="checkbox"/> Remove
MGR	MICHAEL A. DATTILO	1250 TAMiami TRAIL N, SUITE 307	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34102	<input type="checkbox"/> Remove
MGR	CLAUDIO MARASCO	1250 TAMiami TRAIL N, SUITE 307	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

John N. Brugger

Typed or printed name of signee

Filing Fee: \$25.00