

M19000007069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

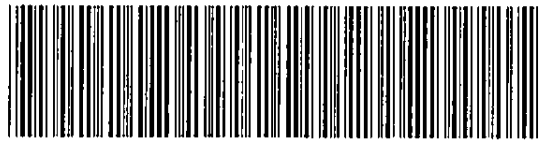
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100433800871

FILED
AUG 13 2024
12:06 PM
FBI - TAMPA

RECEIVED
2024 AUG 13 PM 3:52
FBI - TAMPA
RECEIVED

IS PLANT
08/13/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 08/13/24
Order #: 1594714-1
Re: 235 Viav Pb LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

STATE OF FLORIDA
DIVISION OF CORPORATIONS
AUG 14 2024 10:06 AM

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 235 VIAV PB 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:

KIMBERLY GOODYEAR

Name of Person

SUNRISE MANAGEMENT SERVICES LLC

Firm/Company

515 N FLAGLER DRIVE, SUITE 1702

Address

WEST PALM BEACH FL, 33401

City/State and Zip Code

kgoodyear@sunrisepalmbeach.com

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

For further information concerning this matter, please call:

Kimberly Goodyear

at (561) 440-3276

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

SECTION I (1-4 must be completed)

3

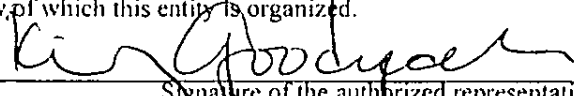
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Stephen Magowan	515 N Flagler Dr, Suite 1702	<input type="checkbox"/> Add
		West Palm Beach FL 33401	<input checked="" type="checkbox"/> Remove
Manager	Kimberly Goodyear	515 N Flagler Dr, Suite 1702	<input checked="" type="checkbox"/> Add
		West Palm Beach FL 33401	<input type="checkbox"/> Remove
Treasurer	Christian Rollins	515 N Flagler Dr, Suite 1702	<input checked="" type="checkbox"/> Add
		West Palm Beach FL 33401	<input type="checkbox"/> Remove
			<input 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

Kimberly Goodyear

Typed or printed name of signee

Filing Fee: \$25.00

AMEND-16060