

L06000030/83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

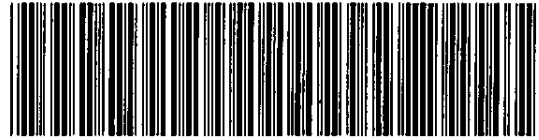
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 DEC 18 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRYAN W  
DEC - 4 2009

J. BRYAN  
DEC 21 2009  
EXAMINER

**KOLTER**

1601 Forum Place  
Suite 805  
West Palm Beach, FL 33401

T (561) 682 9500  
F (561) 682 1050  
www.kolter.com

December 2, 2009

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Resignation of Officer- Joseph Pease  
Kolter Signature Homes LLC  
Kolter Homes Verano LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/s

Please find enclosed two resignations of officer forms for the following corporations:  
Kolter Signature Homes LLC and Kolter Homes Verano LLC. The officer Joseph Pease  
is no longer with our company and we need to remove him from each of the corporations  
as stated above. Should you require any additional information, please feel free to  
contact me at 561-682-9500, extension 217.

Thank you in advance for your assistance in expediting this request.

Sincerely,

  
Nicole Angelakos



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2009

JOSEPH PEASE  
KOLTER SIGNATURE HOMES LLC  
1601 FORUM PLACE, SUITE 805  
WEST PALM BEACH, FL 33401

SUBJECT: KOLTER SIGNATURE HOMES LLC  
Ref. Number: L06000030183

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KOLTER SIGNATURE HOMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

The person resigning and the person signing the resignation document must be the same.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 209A00037153

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kolter Signature Homes 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:

Nicole Angelakos  
Name of Person  
Kolter  
Firm/Company  
701 S. Olive Avenue, Suite 104  
Address  
West Palm Beach, FL 33401  
City/State and Zip Code  
nangelakos@kolter.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nicole Angelakos at (901) 682-9000, ext 217  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kotter Signature Homes LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3-22-06 and assigned  
Florida document number L06000030183.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

701 S. Olive Avenue, Suite 104  
West Palm Beach, FL 33401

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

701 S. Olive Avenue, Suite 104  
West Palm Beach, FL 33401

**B. If amending the registered agent and/or registered office 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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Joseph Pease</u>	<u>1601 Forum place, Suite 805</u> <u>West Palm Beach, FL 33401</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 17, 2009

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09 DEC 18 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Michael Clarke  
Signature of a member or authorized representative of a member

Michael Clarke  
Typed or printed name of signee