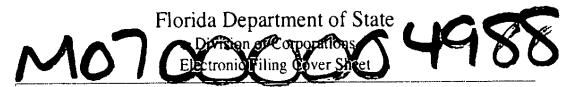
⊙ 03/24/2022 12:41 PM 3/24/22, 3.39 PM



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLDWELL BANKER RESIDENTIAL REAL ESTATE LLC

| Certificate of Status | 0       |  |  |
|-----------------------|---------|--|--|
| Certified Copy        | 0       |  |  |
| Page Count            | 03      |  |  |
| Estimated Charge      | \$25.00 |  |  |

Electronic Filing Menu Corporate Filing Menu

Help

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

## SECTION 1 (1-4 must be completed)

| 1. Name of limited liability Company as it appears of                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                 |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| State: Coldwell Banker Residential Real Estate LL                                                                                                                                                                                                                                                                                              | .C                                                                                                                                                                                                                              | <del></del>                                           |
|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                       |
| ( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                 |                                                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                 |                                                       |
| 2. The Florida document number of this limited liab                                                                                                                                                                                                                                                                                            | oility company is:                                                                                                                                                                                                              | <del></del>                                           |
| 3. Jurisdiction of its organization: M07000004988                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                 |                                                       |
| 4. Date authorized to do business in Florida: 08/15/                                                                                                                                                                                                                                                                                           | /2007                                                                                                                                                                                                                           | <del></del>                                           |
| SECTION II (5-9 complete only the applicable cl                                                                                                                                                                                                                                                                                                | hanges)                                                                                                                                                                                                                         |                                                       |
| New name of the limited liability company: (must                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                 |                                                       |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.                                                                                                                                                                                        | for the purpose of transacting business in Florid aging members adopting the alternate name. To or "LLC.")                                                                                                                      | da and attach a 2022<br>he alternate name TAR 24      |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office ade                                                                                                                                                                                                                                    | d officer address on our records, enter the name dress here:                                                                                                                                                                    | of the new                                            |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                 | <u> </u>                                              |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 | 27                                                    |
|                                                                                                                                                                                                                                                                                                                                                | Enter Florida Street Address                                                                                                                                                                                                    |                                                       |
|                                                                                                                                                                                                                                                                                                                                                | , Florida                                                                                                                                                                                                                       | Zip Code                                              |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agen-<br>the provisions of all statutes relative to the proper a<br>and accept the obligations of my position as registe<br>document is being filed to merely reflect a change is<br>liability company has been notified in writing of this | gistered Agent:<br>t and agree to act in this capacity, I further agi<br>and complete performance of my duties, and I d<br>tred agent as provided for in Chapter 605, F.S.<br>In the registered office address, I hereby confir | ree to comply with<br>un familiar with<br>Or, if this |

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| tle/ Capacity | Name                                                                                                   | Address                                                                                                  | Type of Action |
|---------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------|
| s             | Roger Morris                                                                                           | 24031 S Tamiami Trl Ste 101                                                                              | □Add           |
|               |                                                                                                        | Bonita Springs, FL 34134                                                                                 | =Remo          |
|               |                                                                                                        |                                                                                                          | □Add           |
|               |                                                                                                        |                                                                                                          | □Remo          |
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|               |                                                                                                        |                                                                                                          | □Remo          |
|               |                                                                                                        |                                                                                                          | □Add           |
| aforementio   | a certificate, if required: no more ned amendment(s), duly authenti under the law of which this entire | than 90 days old, evidencing the icated by the official having custody of records in the y is organized. | □Remo          |

Filing Fee: \$25.00