

L12000005114

(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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FEB 28 2013

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13 FEB 27 PM 12:42
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Connect 2 Rep LLC
Name of Foreign Limited Liability Company

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:

Ashley Ender
Name of Person

Connect 2 Rep
Firm/Company

76 An Hman Rd
Address

Summit MS 39182
City/State and Zip Code

Ashleyender11@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code and Daytime Telephone Number

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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2013

ASHLEY EADES
400 S. WILLOW AVENUE, #C
TAMPA, FL 33606

SUBJECT: CONNECT2REP, LLC
Ref. Number: L12000005114

We have received your document for CONNECT2REP, LLC and your check(s) totaling \$25.00. 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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 713A00001993

**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: Conce 2 Rep LLC
2. This entity was formed under the laws of: Florida
3. This entity was authorized to transact business in Florida on 1-11-12
and its Florida document/registration number is _____
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Mgrm

Jake Michel
440 S Willow Ave #C
Tampa, FL 33602 33606

Mgrm

John Ashley Sador
76 Autumn Ave
Summit, MS 39482

Mgrm

Christopher Joseph Murgues
1451 Grey Falcon Circle SW
Vero Beach, FL 33562

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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TAMPA, FL
CLERK OF COURT