

L 11000015654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

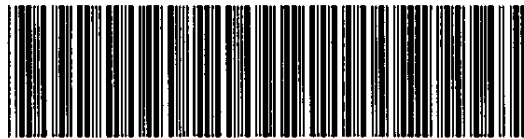
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TOLSON, MISSOURI

MAR 18 2014

T CLINE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ADRIAN REALTY, 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:

Roland Sanchez-Medina

Name of Person

SMGQ LAW

Firm/Company

201 Alhambra Circle, Ste 1205

Address

Coral Gables, FL 33134

City/State and Zip Code

ELAO@SMGQLAW.COM

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

For further information concerning this matter, please call:

Roland Sanchez-Medina

Name of Person

at **(305) 377-1000**

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

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CLERK OF COURT
TALLAHASSEE, FL 32301

ADRIAN REALTY, LLC

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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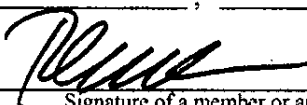
2014 APR 17 PM 5:13
STATE OF ALABAMA
SOUTHERN POWER SYSTEMS
ATTENTION: SECRETARY

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10, 2014



Signature of a member or authorized representative of a member

Roland Sanchez-Medina, Jr.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA