

9/18/2014

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)828-2262

****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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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

Certificate of Status	0
Certified Copy	0
Page Count	29
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 18 PM 2:25

FILED

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

SECTION I (1-3 must be completed)

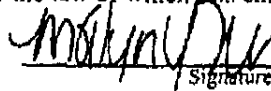
1. Name of limited liability Company as it appears on the records of the Florida Department of State: Coldwell Banker Residential Real Estate LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 8/15/2007

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: See revised list of Managers and Officers attached.
7. Attached is an original 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

Marilyn J. Wasser, Manager

Typed or printed name of signer

Filing Fee: \$25.00

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14 SEP 18 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Directors/Officers Report

As of September 18, 2014

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Directors/Officers Report

As of September 18, 2014

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As of September 18, 2014

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Directors/Officers Report

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Directors/Officers Report

As of September 18, 2014

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