



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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)214-8442

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

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 APR 14 PM 2:27

FILED
21 APR 14 PM 4:10
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coldwell Banker Residential Real Estate LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Valerie J. Khoshtinat _____ at (732) 757-8234
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

SECTION I (1-4 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

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M07000004988

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 8/15/2007

SECTION II (5-9 complete only the applicable changes)

5. 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.")

6. If amending the registered agent and/or registered officer 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 605, 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AS	Agustin Quevedo	8334 Market St., Lakewood Ranch, FL 34202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AS	Dale Vincent Vinopal	11215 E. State Road 70, Ste 105	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FL 34202	<input type="checkbox"/> Remove
AS	Roger Morris	24031 S. Tamiami Trl, Ste 101	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
AS	Linda Ash		<input type="checkbox"/> Add
		100 N. Tamiami Trl, Sarasota, FL 34242	<input checked="" type="checkbox"/> Remove
AS	Jo An Lusk		<input type="checkbox"/> Add
		3003 S. Florida Ave., Ste 104, Lakeland, FL	<input checked="" type="checkbox"/> Remove

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AS	Becky Jaarda		<input type="checkbox"/> Add
		24031 S. Tamiami Trl, Ste 101, Bonita Springs	<input checked="" type="checkbox"/> Remove
AS	Martiel Summit		<input type="checkbox"/> Add
		2414 S. Ferdon Blvd, Crestview, FL 32536	<input checked="" type="checkbox"/> Remove
AS	Barbara Welch		<input type="checkbox"/> Add
		4757 North Ocean Dr., Fort Lauderdale, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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 signee

Filing Fee: \$25.00