

A06304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

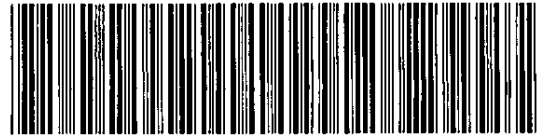
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/13/13--01011--021 **113.75

2013 MAR 27 PM 3:41
SECRETARY OF STATE
CHILDREN'S SERVICES DIVISION

FILED

MAR 28 2013
T CLIN.

A06304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2013

CRYSTAL MATHIS
300 W. DIXIE AVE
LEESBURG, FL 34748

SUBJECT: PEPPER TREE APARTMENTS, LTD.
Ref. Number: A06304

We have received your document for PEPPER TREE APARTMENTS, LTD. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 513A00006056

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pepper Tree Apartments, LTD
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Crystal Mathis
Contact Person
Rand Management
Firm/Company
300 W. Dixie Ave
Address
Leesburg, FL 34748
City, State and Zip Code
Crystal83@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Mathis at (352) 787-6700
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee
☐ \$61.25 Filing Fee and Certificate of Status
☐ \$105.00 Filing Fee and Certified Copy
☒ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

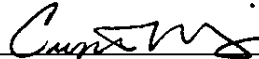
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TALLAHASSEE, FL
DIVISION OF STATE

Pepper Tree Apartments, LTD

Page 1 of 3

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.



If Changing Registered Agent, Signature of New Registered Agent
Crystal L. Mathis

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	Park Place Professionals, LLC L12000150299 Filed 11/30/2012	300 West Dixie Avenue Leesburg, FL 34748	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	Flora Jo Haber (deceased)	300 West Dixie Avenue Leesburg, FL 34748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

- 1) The General Partner shall be the Tax Matters Partner ("TMP") with all of the responsibilities and obligations of a TMP as provided in the Tax Equity and Fiscal Responsibility Act of 1982 ("TEFRA") and the rules and regulations promulgated under TEFRA and such TPM shall be solely responsible for representing this Partnership before the Internal Revenue Service and all other applicable agencies, but shall keep all partners reasonably informed thereof.

- 2) All Limited partners have consented to all of the provisions of this Amendment

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Park Place Professionals, LLC, General Partner

By: _____

Crystal L. Mathis, Manager

Signature(s) of all new or dissociating general partner(s), if any:

CLM

N/A

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2018 MAR 27 PM 3:41
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75