

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H10000077190 3)))



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

From: Account Name : HADDOCK PROFESSIONAL ASSOCIATION
Account Number : I20010000146
Phone : (407) 571-3900
Fax Number : (407) 571-4390

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

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -6 AM 11:23

RECEIVED

10 APR -6 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMILY TRUST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

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APR 07 2010

EXAMINER

H10000077190 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY TRUST, 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:

LORI ANN LINN
Name of Person
Haddock Professional Association
Firm/Company
3300 University Blvd., Suite 218
Address
Winter Park, Florida 32792
City/State and Zip Code
lori@fullsail.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -6 AM 11:29

For further information concerning this matter, please call:

Lori Linn at (407) 571-3908
Name of Person 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

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

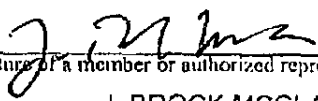
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SunGate Florida, LLC	215 E. Livingston Street Orlando, Florida 32802	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 19, 2010


Signature of a member or authorized representative of a member

J. BROCK MCCLANE

Typed or printed name of signee

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Filing Fee: \$25.00