

L03000012615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

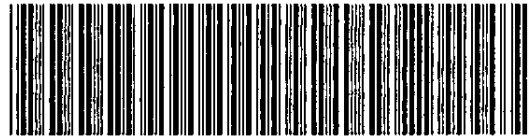
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EXAMINER



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

FEB - 4 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: West Orange Office Properties, L.C.  
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:

David M. Grier, Trustee

Name of Person

Wm. A. Steele Grantor, Charitable Lead Annuity Trust

Firm/Company

P.O. Box 377

Address

Windermere, FL 34786

City/State and Zip Code

dmgrier.trustee@gmail.com

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

For further information concerning this matter, please call:

David M. Grier

Name of Person

at ( 407 )

832-2606

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

West Orange Office Properties, L.C.

Page 1 of 2

**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>
MGRM	Grier, David M., Trustee	William A. Steele, Charitable Lead Ann P.O. Box 377 Windermere, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Steele, William A Dr.	7932 West Sand Lake Road Suite 203 Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Goff, Maynard Dr.	7932 West Sand Lake Road Suite 203 Orlando, FL 32819	<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

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

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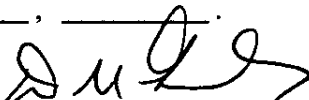


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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

David M Grier, Trustee

Typed or printed name of signee