

L04000023386

(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



700277539157

10/05/15--01017--003 **25.00

FILED

2015 OCT -5 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT -6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLUTION PROPERTIES, 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:

LONNY MEAD

Name of Person

SOLUTION PROPERTIES, LLC

Firm/Company

2809 E. JACKSON STREET

Address

ORLANDO, FL 32803

City/State and Zip Code

lonny.mead@presentationgroup.com

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

For further information concerning this matter, please call:

Lonny Mead

321 961-1001
at ()

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

FILED
2015 OCT -5 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PATRICK C. CROWELL	4853 S. ORANGE AVE. SUITE B	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOHN W. FOSTER	200 S. ORANGE AVE., Ste. 2300	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2005 OCT 5 PM 2:50
 SECRETARY STATE
 TALLAHASSEE FL 32301

FILED

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

FILED
2015 OCT -5 PM 2:50
RECEIVED
TALLAHASSEE, FLORIDA
U.S. DEPARTMENT OF JUSTICE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/25/2015

2015

Signature of a member or authorized representative of a member

LONNY MEAD

Typed or printed name of signee