

L04000057284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

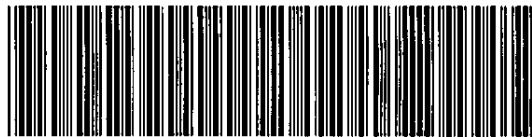
Special Instructions to Filing Officer:

A. LUNT

MAY - 8 2009

EXAMINER

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05/07/09--01009--004 **25.00

FILED
2009 MAY - 7 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: Teacher Buys Houses
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:

Leslie Barile
Name of Person
Teacher Buys Houses
Firm/Company
7318 Box Elder Dr.
Address
Port Richey, FL 34668
City/State and Zip Code
leslie@spatimebaby.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Barile at 727.844.3883
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

Teacher Buys Houses LLC

(A Florida Limited Liability Company)

Florida document number L04000057284

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	Opal Barile	7318 Box Elder Dr. Port Richey, FL 34668	<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
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TALLAHASSEE, FLORIDA

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

Dated May 1, 2009.

Leslie Barile
Signature of a member or authorized representative of a member

Leslie Barile
Typed or printed name of signee