

LO4000088533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

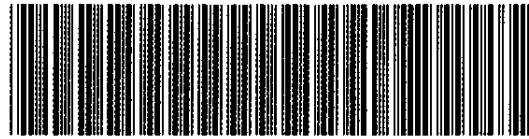
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 23 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH BEACH ROAD PARTNERS, 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:

JAMES M. STUCKEY

Name of Person

ATTORNEY AT LAW

Firm/Company

PO BOX 1800

Address

STUART, FLORIDA 34995-1800

City/State and Zip Code

MACLAW3@AOL.COM

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

For further information concerning this matter, please call:

JAMES M. STUCKEY

Name of Person

at (772)

223-8100

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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:

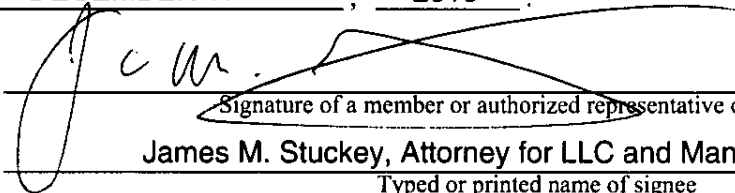
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EQUITABLE TRUST CO.		☐ Add
			☒ Remove
MGRM	JANE DAVIS DOGGETT	303 SOUTH BEACH ROAD	☒ Add
		HOBE SOUND, FLORIDA 33455	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated DECEMBER 17, 2010



Signature of a member or authorized representative of a member
James M. Stuckey, Attorney for LLC and Managing Member

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA