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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FBC Realty Holdings, 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:

Phillip Tasker

Name of Person

Florida Bank of Commerce

Firm/Company

105 East Robinson Street Suite 303

Address

Orlando, FL 32801

City/State and Zip Code

ptasker@fbcbank.com

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

For further information concerning this matter, please call:

Brett Bryant

Name of Person

at (407) 244-5941

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>Brett Bryant</u>	<u>105 E Robinson Street Suite 303</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32801</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Dana Kilbourne</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Dana Kilborne</u>	<u>105 E Robinson Street Suite 303</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32801</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>R. Van Bogan</u>		<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

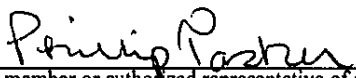
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.



Signature of a member or authorized representative of a member

Phillip Tasker

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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