

LD500110636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

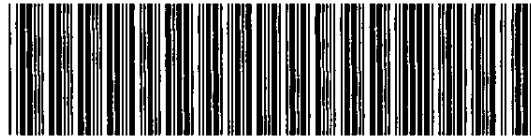
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

NOV 14 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BMPM Sabal Cove, 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:

Troy H. Myers, Jr.

Name of Person

Icard Merrill etal

Firm/Company

2033 Main St Ste 600

Address

Sarasota, FL 34237

City/State and Zip Code

tmyers@icardmerrill.com

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

For further information concerning this matter, please call:

Troy H. Myers, Jr.

Name of Person

at **(941) 953-8110**

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

BMPM Sabal Cove, LLC

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TALLAHASSEE, FLORIDA

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:

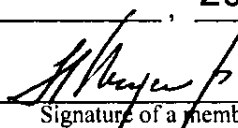
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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 DEPT. OF STATE
 OFFICE OF THE
 ASST. SEC. F. COMM.
 APPROVED AND FILED

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

Dated November 08, 2012



Signature of a member or authorized representative of a member

Troy H. Myers, Jr., Manager

Typed or printed name of signer

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Filing Fee: \$25.00

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