

L060000031999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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09 DEC 30 PM 3:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

DEC 31 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fox Hollow 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:

Roger Trca

Name of Person

Firm/Company

6230 Olde Moat Way

Address

Davie, FL 33331

City/State and Zip Code

rogertrca@bellsouth.net

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

For further information concerning this matter, please call:

Roger Trca

Name of Person

at ( 954 )

701-1123

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)

*make check payable  
to Florida Dept of State*

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 DEC 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 18, 2009

ROGER TRCA  
6230 OLDE MOAT WAY  
DAVIE, FL 33331

SUBJECT: FOX HOLLOW LLC  
Ref. Number: L06000031999

W09-55717  
FOX HOLLOW I, LLC

We have received your document for FOX HOLLOW LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was *revoked for failure to file the annual report/uniform business report as required by law*. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$377.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 009A00038531

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Fox Hollow LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 3/27/06 and assigned  
Florida document number L06000031999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Fox Hollow I LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6230 Olde Moat way

Davie, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6230 Olde Moat way

Davie, FL 33331

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DIVISION OF CORPORATIONS  
09 DEC 30 PM 3:29

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Roger Trca (same agent but new address)

New Registered Office Address:

6230 Olde Moat Way

Enter Florida street address

Davie

City

Florida

33331

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Roger Trca

If Changing Registered Agent, Signature of New Registered Agent

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:

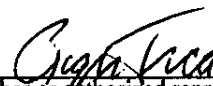
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                              | <u>Type of Action</u>                                                      |
|--------------|----------------|---------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Lee Schoenberg | 4800 SW 64th Ave., C-105<br>Davie, FL 33314 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Roger Trca     | 1072 Twin Branch Lane<br>Weston, FL 33326   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Patricia Trca  | 6230 Olde Moat Way<br>Davie, FL 33331       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                             | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 25<sup>th</sup> 13<sup>th</sup>, 2009

  
Signature of a member or authorized representative of a member  
Roger Trca  
Typed or printed name of signee

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