L06000031999

(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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12/17/09--01042--004 **55.00

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

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 at (954) 701-1123
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)
Make checks payable to Florida Dept of State

☐ $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

RECEIVED

09 DEC 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2009

ROGER TRCA
6230 OLDE MOAT WAY
DAVIE, FL 33331

W09-55717
FOX HOLLOW I, LLC

SUBJECT: FOX HOLLOW LLC
Ref. Number: L06000031999

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Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law.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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09 DEC 30 PM 3:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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, **Florida** 33331
City *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

Title	Name	Address	Type of Action
MGRM	Lee Schoenberg	4800 SW 64th Ave., C-105 Davie, FL 33314	☐ Add ☑ Remove
MGRM	Roger Trca	1072 Twin Branch Lane Weston, FL 33326	☐ Add ☑ Remove
MGRM	Patricia Trca	6230 Olde Moat Way Davie, FL 33331	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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DIVISION OF CORPORATIONS
09 DEC 30 PM 3:29

Dated December 25, 2009.

Signature of a member or authorized representative of a member

Roger Trca
Typed or printed name of signee

Filing Fee: $25.00