

L06000/19375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

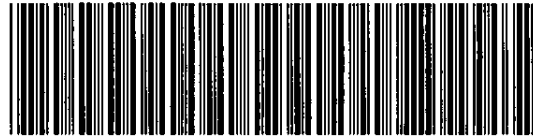
(Document Number)

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C. LEWIS  
AUG 12 2014  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Realty Referral Management, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick F. Skiffington

Name of Person

Orlando Realty Referral Management, LLC

Firm/Company

100 W Lucerne Circle, Suite 200

Address

Orlando, FL 32801

City/State and Zip Code

bethany@patskiffington.com

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

For further information concerning this matter, please call:

Bethany Dunn at ( 407 ) 404-7800

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy