

L07000030028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

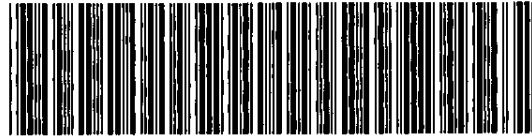
(Business Entity Name)

(Document Number)

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2012 APR 24 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-22283

J. BRYAN

APR 16 2012

EXAMINER

912A-11836



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2012

BETSY REISER
43 ROSEBUD LANE
FAIRVIEW, NC 28730

SUBJECT: LGP, LLC
Ref. Number: L07000030028

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2012 APR 24 AM 8:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for LGP, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law.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 fee to reinstate is \$655.00

Please return 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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 312A00011871



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2012

BETSY REISER
43 ROSEBUD LANE
FAIRVIEW, NC 28730

SUBJECT: LGP, LLC
Ref. Number: L07000030028

FILED
2012 APR 24 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law.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 fee to reinstate is \$655.00, you sent a check for \$650.00 we need an additional \$5.00 to reinstate company

Please return 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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 512A00012371

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LGP, LLC to LGPP, LLC
Name of Limited Liability Company

FILED
2012 APR 24 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betsy Reiser
Name of Person

43 Rosebud Lane
Firm/Company
Address

Fairview NC 28730
City/State and Zip Code

betsyreiser@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betsy Reiser at 828 779-5544
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)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

this has been sent +
received by Joey Bryan

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

also enclosed - check for
\$650 for re-instatement

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

LGP, LLC (old name)

(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 APRIL 6, 2007 and assigned Florida document number LO7000030028

This amendment is submitted to amend the following:

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

LGP, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Betsy Reiser

New Registered Office Address:

237 Stella Rd

Enter Florida street address

GEORGETOWN

City

Florida

32139

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.

Betsy Reiser
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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SECRETARY OF STATE
FLORIDA

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

Dated April 10, 2012

Betsy Reiser

Signature of a member or authorized representative of a member

Betsy Reiser

Typed or printed name of signee