

LO1000091349

(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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T. CLINE

APR 30 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 29 AM 10:34

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2010

ROXANNE JEGHERS
30 SE 4TH RD
HOMESTEAD, FL 33030

SUBJECT: ROYAL PALM REAL ESTATE SERVICES, LLC
Ref. Number: L07000091349

We have received your document for ROYAL PALM REAL ESTATE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A00009531

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROYAL PALM REAL ESTATE SERVICES, 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:

ROXANNE JEGHERS

Name of Person

ROYAL PALM REAL ESTATE SERVICES LLC

Firm/Company

30 SE 4TH RD

Address

HOMESTEAD, FL 33030

City/State and Zip Code

roxannejeghers@bellsouth.net

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

For further information concerning this matter, please call:

Roxanne Jeghers

Name of Person

at (**786**)

243-7785

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)

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

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TALLAHASSEE, FLORIDA

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
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CELL: LONDA

Signature of a member or authorized representative of a member
 Roxanne Jeshers
 Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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