

LD7000107634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP WAIT MAIL

(Business Entity Name)

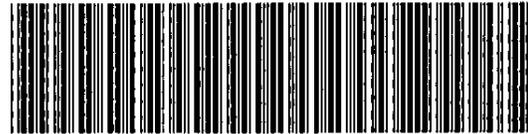
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ST. GEORGE STREET, 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:

TIMOTHY F. MAJORS
Name of Person

ST. GEORGE STREET, LLC
Firm/Company

117 BROADWAY, STE B
Address

KISSIMMEE, FL 34741
City/State and Zip Code

susie@charleshparsons.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy F. Majors at (**407**) **847-4706**
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)

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

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>
MGMR	Timothy F. Majors	117 Broadway, Ste B Kissimmee, FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dale H. Parsons	117 Broadway, Ste B Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" 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

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

Dated 11/30/11

Dale H. Parsons

Signature of a member or authorized representative of a member

DALE H. PARSONS

Typed or printed name of signee