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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEP 30 2008  
EXAMINER

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08 SEP 29 PM 3:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GOVERNOR'S SQUARE HOLDING, 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:

AMY N. HORNE

(Name of Person)

SMITH, THOMPSON, SHAW & MANAUSA, PA

(Firm/Company)

3520 THOMASVILLE ROAD FOURTH FLOOR

(Address)

TALLAHASSEE, FL 32309

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

AMY N. HORNE

(Name of Person)

Telephone Number

Enclosed is a check for the following a

☒ \$25.00 Filing Fee

☐ \$30.00 Fi  
Certific.

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

CF-25

**MAILING ADDRESS:**

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

**RESS:**

Division Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 2

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>
MGRM	AMB DEVELOPMENT AND CONSTRUCTION, LLC	P.O. BOX 3803 TALLAHASSEE, FL 32315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PYRAMID ESTATES, LLC	P.O. BOX 15877 TALLAHASSEE, FL 32317-5877	<input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9-23, 2008.

Susan J. Thompson

Signature of a member or authorized representative of a member

SUSAN J. THOMPSON

Typed or printed name of signee