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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC - 8 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sarasota Equity Partners, 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:

F. Thomas Hopkins

Name of Person

Icard Merrill

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City/State and Zip Code

thopkins@icardmerrill.com

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

For further information concerning this matter, please call:

F. Thomas Hopkins

Name of Person

at ( 941 )

953-8109

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

Sarasota Equity Partners, LLC

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LC of the abbreviation

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	Gabbert Investments Group	1250 Hidden Harbor Way Sarasota FL 34242	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	James F. Gabbert	1250 Hidden Harbor Way Sarasota FL 34242	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Leonard G. Meyer	8491 Boleyn Road Sarasota FL 34240	<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

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SECRETARY OF STATE

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

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

Dated December 2, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
F. Thomas Hopkins, authorized representative of the members  
\_\_\_\_\_  
Typed or printed name of signee