

L090W044724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

OCT - 6 2010

EXAMINER

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2010

CSC  
ATTN: KIMBERLY MORET

SUBJECT: U S OUTLET STORES SAWGRASS MILLS LLC  
Ref. Number: L09000044724

**RESUBMIT**  
Please give original  
submission date as file date  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 28 PM 3:35

We have received your document for U S OUTLET STORES SAWGRASS MILLS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2010 annual report/uniform business report and must reinstate before this document can be filed. Please see the attached fee schedule for a breakdown of the fees due.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 610A00023052



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 519398 5015497

AUTHORIZATION

COST LIMIT \$ 25.00

*Lyndell*

ORDER DATE : September 23, 2010

ORDER TIME : 10:21 AM

ORDER NO. : 519398-005

CUSTOMER NO: 5015497

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 23 PM 3 35

DOMESTIC AMENDMENT FILING

NAME: U S OUTLET STORES SAWGRASS  
MILLS LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_

FILED STATE  
DIVISION OF CORPORATIONS  
10 SEP 28 PM 3:35

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

U S OUTLET STORES SAWGRASS MILLS LLC

(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 May 7, 2009 and assigned  
Florida document number L09000044724.

This amendment is submitted to amend the following:

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

U.S. OUTLET STORES SUNRISE LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(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.*

(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
		_____	

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

\_\_\_\_\_

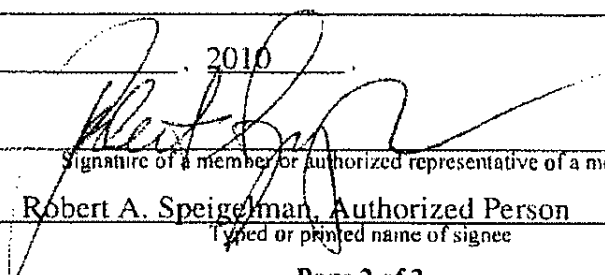
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 28, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert A. Speigelman, Authorized Person  
\_\_\_\_\_  
Typed or printed name of signee