

L09 000067139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

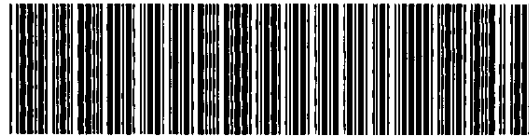
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Holdings Group 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:

Christina A. Hills
Name of Person

Firm/Company

PO BOX 5885
Address

Ocala, FL 34478
City/State and Zip Code

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

For further information concerning this matter, please call:

Christina A. Hills at (352) 615-2644
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Real Holdings Group LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Hills Land Trust Inc.	3628 SE 18 th Ave Ocala, FL 34471	<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
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2010 SEP 24
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

Dated September 22, 2010.

Signature of a member or authorized representative of a member
Christina A. Hills
Typed or printed name of signee