

**L09000067142**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2009 SEP 30 PM 12:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**

**OCT - 1 2009**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ST AUGUSTINE TEAM REALTY 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:

N JANE PUCKETT, EA

Name of Person

EAST WASHINGTON ACCOUNTING SERVICES, INC.

Firm/Company

P O BOX 1006

Address

PIERSON, FL 32180-1006

City/State and Zip Code

medickj@bellsouth.net

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

For further information concerning this matter, please call:

N JANE PUCKETT, EA

Name of Person

at ( 386 )

749-9010

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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	KATHERINE STEVENS	18 SPENCER STREET	<input type="checkbox"/> Add
		ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Remove
MBR	KATHERINE STEVENS	18 SPENCER STREET	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

KATHERINE STEVENS

Typed or printed name of signee

FILED  
2009 SEP 30 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION

I, the undersigned, hereby tender my resignation as managing member of ST AUGUSTINE TEAM REALTY, LLC., effective September 22, 2009.

Dated September 22, 2009.

A handwritten signature in black ink, appearing to read "K Stevens", written over a horizontal line.

KATHERINE STEVENS