

**L091000106180**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

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

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

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**10 SEP 30 PM 1:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. BRUCE**

**OCT 1 2010**

**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kensington Estate Buyers, 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:

**Kimberly L Johnson**

Name of Person

**Kensington Estate Buyers, LLC**

Firm/Company

**850 N.W. Federal Hwy., Ste. 232**

Address

**Stuart, FL 34994**

City/State and Zip Code

**info@kebuyers.com**

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

For further information concerning this matter, please call:

**Kimberly L Johnson**

Name of Person

at ( 866 )

**866-8016 x 5**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

**Kensington Estate Buyers, LLC**

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	Three Sons Sports Manage	P.O. Box 2587 Vero Beach, FL 32961-2587	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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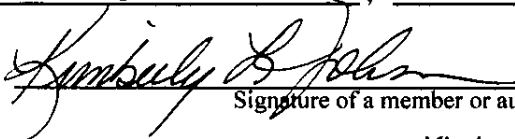
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 30 PM 11:12  
FILED

Dated August 30, 2010.



Signature of a member or authorized representative of a member

Kimberly L Johnson

Typed or printed name of signee