

109000 114002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

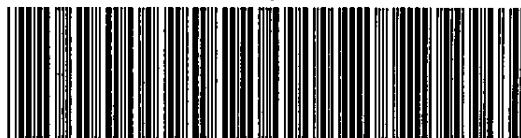
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 10 PM 1:15

NC

MAR 31 2015

K. WHITE

COVER LETTER

**TO: Registration Section
Division of Corporations'**

SUBJECT: TEXAS RETAILERS, 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:

Debi Gheorge-Alten, Esq.

Name of Person

Debi Gheorge-Alten, P.A.

Firm/Company

PO Box 771105

Address

Coral Springs, FL 33077-1105

City/State and Zip Code

daltenlaw@att.net

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

For further information concerning this matter, please call:

Debi Gheorge-Alten

954

575-9229

Name of Person

at ()

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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(A Florida Limited Liability Company)

11/30/2009

Thrift City Lewisville, LLC

1565 W. Main St., Suite 100

Lewisville, TX 75067

1299 B. NW 40th Ave.

Lauderhill, FL 33313

Debi Gheorge-Alten, P.A.

7351 Wiles Rd Ste 101

Coral Springs

Florida 33067

City'

Zip Code

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 605, 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.

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

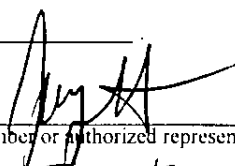
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3-6-15



Signature of a member or authorized representative of a member

Say Katari

Typed or printed name of signee