

LID0000009718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

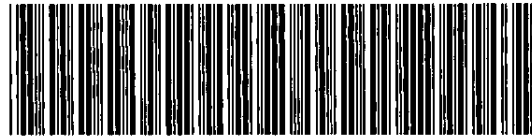
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HALIFAX REAL ESTATE HOLDINGS  
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:

GLEN WARD  
Name of Person  
Halifax Real Estate Holdings  
Firm/Company  
3030 Deronshire Ave  
Address  
Halifax NS CAN B3K 3L9  
City/State and Zip Code  
wrangled@eastlink.ca  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLEN WARD at 902, 222 1444  
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

# HALIFAX REAL ESTATE HOLDINGS

(A Florida Limited Liability Company)

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>  |
|--------------|------------------------|---|--|
| <u>MGRM</u>  | <u>WAYNE COCHRANE</u>  | <u>1 GLOSTER CRT</u><br><u>DARTMOUTH NS</u><br><u>B3B 1X9 CAN</u>         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>JANS ELLESEN</u>    | <u>274 CRAIGBURN DR</u><br><u>DARTMOUTH NS</u><br><u>B2X 3V7 CAN</u>      | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>MGRM</u>  | <u>MARK SIDEBOTTOM</u> | <u>18 GRANDVIEW CRT</u><br><u>HAMMOND PLAINS NS</u><br><u>B4B 1K6 CAN</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                  | _____   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated OCT 22 / 2012

Signature of a member or authorized representative of a member

GLEN WARD

Typed or printed name of signee