

L100000033811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

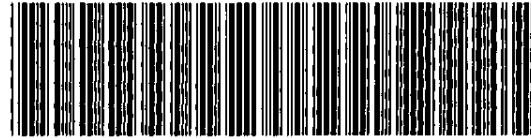
Special Instructions to Filing Officer:

**L. SELLERS**

NOV 30 2010

**EXAMINER**

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**FILED**  
10 NOV 29 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARB SANDERS REAL ESTATE INV. 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:

KRISTINE RUSSELL

Name of Person

SWEAT & OLSON, P.A.

Firm/Company

2018 SOUTH FLORIDA AVENUE

Address

LAKELAND, FLORIDA 33803

City/State and Zip Code

ricebar@msn.com

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

For further information concerning this matter, please call:

GREG H. SANDERS

Name of Person

at ( 813 )

967-7109

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

BARB SANDERS REAL ESTATE INV. 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:

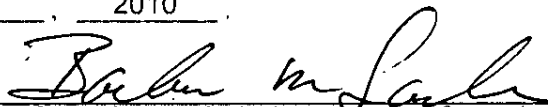
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARBARA M. SANDERS	2742 W PIPKIN ROAD LAKE LAND, FL 33811	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GREG H. SANDERS	2742 W PIPKIN ROAD LAKE LAND, FL 33811	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated NOVEMBER 19, 2010



Signature of a member or authorized representative of a member

BARBARA M. SANDERS

Typed or printed name of signee