

L10000078859

(Requestor's Name)

(Address)

(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

G. MCLEOD
MAR 25 2011
EXAMINER



100199191731

03/24/11--01035--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 24 PM 12:06

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDYMAC PROPERTIES 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:

BARRY BERGMAN

Name of Person

INDYMAC PROPERTIES LLC

Firm/Company

5300 NW 12 AVENUE #1

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

INDYMACPROPERTIES@GMAIL.COM

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

For further information concerning this matter, please call:

TANYA ELDRIDGE

Name of Person

at (**954**)

302-8714 EXT 102

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

INDYMAC PROPERTIES 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:

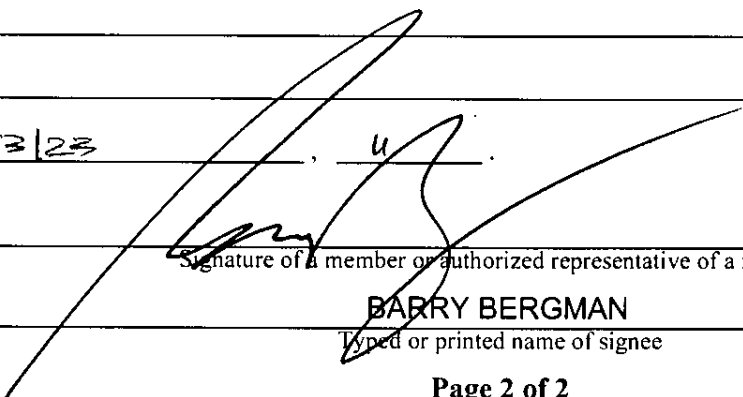
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADAM LEVINSON	5300 NW 12 AVENUE #1 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LISA BERGMAN	5300 NW 12 AVENUE #1 FORT LAUDERDALE, FL 33309	<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 3/23, u



 Signature of a member or authorized representative of a member
 BARRY BERGMAN

 Typed or printed name of signee