

**L110000060581**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

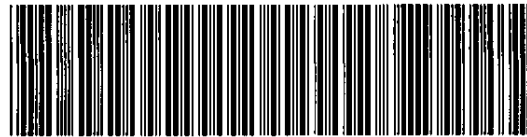
Special Instructions to Filing Officer:

**L. SELLERS**

**JUN 21 2011**

**EXAMINER**

Office Use Only



**300208935893**

06/20/11--01020--021 \*\*25.00

**FILED**

**11 JUN 20 PM 2:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA REAL ESTATE CENTER 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:

Don Wilson

Name of Person

Katz and Wilson Investments, LLC

Firm/Company

234 Mohawk Road

Address

Clermont FL 34715

City/State and Zip Code

Wilson122761@msn.com

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

For further information concerning this matter, please call:

Joy Broderick

Name of Person

at ( 352 )

503-8003

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

FLORIDA REAL ESTATE CENTER 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	Joy Broderick	234 Mohawk Road Clermont FL 34715	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

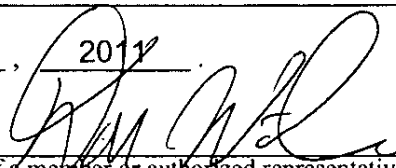
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated June 17, 2011



Signature of a member or authorized representative of a member

Don Wilson

Typed or printed name of signee