

L11 000097168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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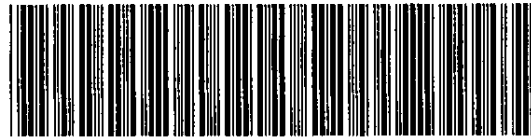
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 30 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST PETE HOUSING 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:

BENNETT ANDREWS
Name of Person

Firm/Company

PO Box 530639
Address

~~ST PETERSBURG~~ ST PETERSBURG, FL 33747
City/State and Zip Code

STPETEHOUSING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BENNETT ANDREWS at (727) 385-5586
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

ST PETE HOUSING, LLC

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TALLAHASSEE FLORIDA

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

Title	Name	Address	Type of Action
MGR	BENNETT ANDREWS	PO Box 530639 ST PETERSBURG, FL 33747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SHANNON O'BRIEN	PO Box 530639 ST PETERSBURG, FL 33747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL O'BRIEN	PO Box 530639 ST PETERSBURG, FL 33747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BENNETT ANDREWS	PO Box 530639 ST PETERSBURG, FL 33747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SHANNON O'BRIEN	PO Box 530639 ST PETERSBURG, FL 33747	<input checked="" 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 MAY 23, 2012.

Signature of a member or authorized representative of a member

BENNETT ANDREWS
Typed or printed name of signee

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