

L11000115807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

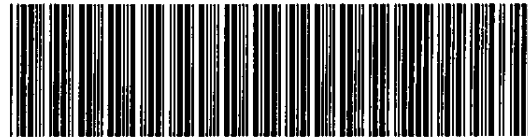
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700215048507

12/12/11--01005--017 **25.00

FILED

11 DEC 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 13 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLLEB 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:

WILLIAM BELLO
Name of Person

OLLEB PROPERTIES LLL
Firm/Company

1212 NE 1st ST
Address

DCAWA FL 34470
City/State and Zip Code

BILL365247@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM BELLO at (352) 502-1885
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**

FILED
11 DEC 12 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(records.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
records.)

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	WILLIAM BELLO	1212 NE 1st St OCALA, FL 34470	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated December 8, 2011

Signature of a member or authorized representative of a member

WILLIAM BELLO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 12 PM 2:23

FILED