

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BRANT, ABRAHAM, REITER & MCCORMICK A.  
Account Number : I20040000043  
Phone : (904) 358-2750  
Fax Number : (904) 353-1166

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jdmccormick@barmjlaw.com

LLC REGISTERED AGENT CHANGE  
SDM REAL ESTATE VENTURES, LLC

Certificate of Status	0
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Corporate Filing Menu

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EXAMINER

RECEIVED  
12 NOV -9 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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12 NOV -9 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SDM REAL ESTATE VENTURES, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L11000139496

4. I, STEPHEN C. DAVIE, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Stephen C. Davie*, managing member  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **SDM REAL ESTATE VENTURES, LLC**  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jan D. McCormick, Esq.

(Contact Person)

Brant, Abraham, Reiter, McCormick & Johnson, P.A.

(Firm/Company)

50 North Laura Street, Suite 2750

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Jan D. McCormick, Esq.

(Name of Contact Person)

at ( 904 )

(Area Code & Daytime Telephone Number)

358-2750

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314