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**12 NOV - 6 AM 11:41**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 8 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3455 BAKER 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:

ROSEMARY LINDSEY

Name of Person

ROSEMARY LINDSEY LLC

Firm/Company

6278 NORTH FEDERAL HIGHWAY, #305

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

JORCHIDS@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ROSEMARY LINDSEY

Name of Person

at (954) 771-5906

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JANE W DePADRO	2031 NE 59 STREET FORT LAUDERDALE, FL 33308 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JANE W DePADRO TRUST DATED 10/16/1989	2031 NE 59 STREET FORT LAUDERDALE, FL 33308 US	<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.)

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\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dated NOVEMBER 5, 2012

JANE W DePADRO TRUST DATED 10/16/1989, JANE W DePADRO, TRUSTEE

Signature of a member or authorized representative of a member

*Jane W. DePadro* TRUSTEE  
\_\_\_\_\_  
Typed or printed name of signee