

L12000107003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

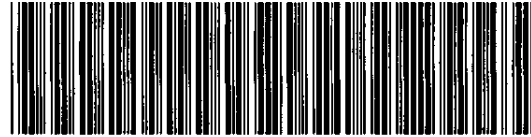
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIDENTIAL PROPERTY MANAGEMENT GROUP, 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:

Name of Person
TARA WARRINGTON
Firm/Company
111 N MAGNOLIA AVENUE #1600
Address
ORLANDO, FL 32801
City/State and Zip Code
PENGLETT@RESIDENTIALPMG.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

TARA WARRINGTON at (407) 513-1900 X 7207
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

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:

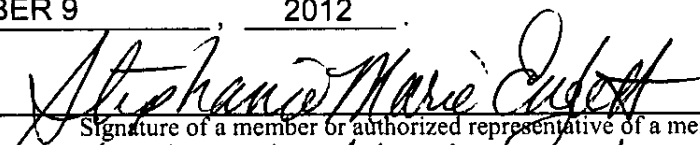
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| MGR | MATTHEW ENGLETT | 111 N. MAGNOLIA AVENUE #1600 ORLANDO, FL 32801 | <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 |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated OCTOBER 9, 2012



Signature of a member or authorized representative of a member
Stephanie Marie Englett

Typed or printed name of signee

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