

L12000121085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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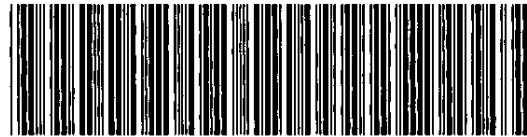
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -4 AM 8:30

FILED

J. SAULSBERRY
EXAMINER

OCT 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSEBOURNE PROPERTY MANAGEMENT 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:

MARINUS C PIJPERS

Name of Person

ROSEBOURNE PROPERTY MANAGEMENT LLC

Firm/Company

866 SPRING PARK LOOP

Address

CELEBRATION, FL 34747

City/State and Zip Code

rien@my-world-map.es

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

For further information concerning this matter, please call:

MARINUS C PIJPERS

Name of Person

at (407) 414-9090

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

ROSEBOURNE PROPERTY MANAGEMENT LLC
Name of the Limited Liability Company as it now appears on our records.
 (A Florida Limited Liability Company)

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>
MRGM	JOHNNY C FROST	1112 WHITE MOSS LN CELEBRATION, FL 34747	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

9/28/12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -4 AM 8:30

FILED

Signature of a member or authorized representative of a member

M. C. PIPERS

Typed or printed name of signee