

L12000139600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

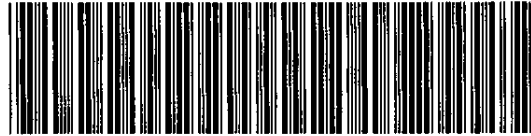
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 NOV 13 AM 8:32

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J. SAULSBERRY  
EXAMINER

NOV 15 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Realty Pros, 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:

Arthur Simpson  
Name of Person

Florida Realty Pros, LLC  
Firm/Company

115 Ormond Parkway  
Address

Ormond Beach, FL 32176  
City/State and Zip Code

simp70@gmail.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
F11570

For further information concerning this matter, please call:

Arthur Simpson at ( 386 ) 336-3376  
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

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

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

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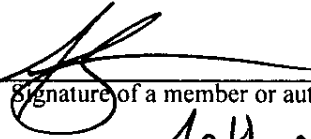
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Dated November 9, 2012.



Signature of a member or authorized representative of a member

Arthur Simpson

Typed or printed name of signee

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Filing Fee: \$25.00

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FILED