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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

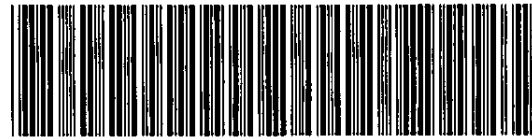
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL ESTATE CENTRAL 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:

SHARON M. WATSON
Name of Person

REAL ESTATE CENTRAL GROUP, LLC
Firm/Company

P.O. BOX 1416
Address

WINTER HAVEN, FL 33882
City/State and Zip Code

SHARONWATSON@MINDSPRING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON WATSON at 863-324-1000
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

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TALLAHASSEE, FL 32301

REAL ESTATE CENTRAL GROUP, LLC

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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	RICHARD HEMENWAY	2 TERA LANE	Add
		WINTER HAVEN,	Remove
		FL 33880	
MGRM	JANELLE PRUITT	220 HIBISCUS DRIVE	Add
		AUBURNDALE,	Remove
		FL 33823	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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

Dated 7/15, 2013.

Sharon M. Watson

Signature of a member or authorized representative of a member

SHARON M. WATSON

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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