

L130000093967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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2013 SEP 18 AM 10:03

J. SAULSBERRY
EXAMINER
SEP 19 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SELLING TOWN REALTY 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:

ANALISS DACHILLE

Name of Person

SELLING TOWN REALTY LLC

Firm/Company

4940 POOLSIDE DR

Address

SAINT CLOUD, FL 34769

City/State and Zip Code

analissrealtor@gmail.com

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

For further information concerning this matter, please call:

ANALISS DACHILLE

Name of Person

at **407 709-6856**

Area Code & Daytime Telephone Number

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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

SELLING TOWN REALTY 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	ANALISS DACHILLE	4940 POOLSIDE DR, ST CLOUD, FL 34769	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 SEP 10 AM 10:03
FILED

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

Dated SEPTEMBER 12, 2013



Signature of a member or authorized representative of a member

ANALISS DACHILLE

Typed or printed name of signee

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Filing Fee: \$25.00

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