

L13000100922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

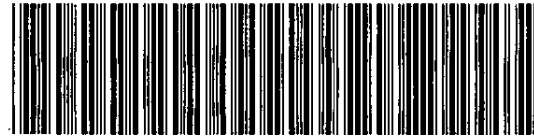
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/13--01009--006 **25.00

2013 OCT 31 PM 4:07
FALLS CHURCH, VA

B. BOSTICK
NOV - 1 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Property Management Xperts of Florida, 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:

Lisa G. Hill

Name of Person

Florida Realty Xperts, Inc.

Firm/Company

3010 Legacy Villas Drive

Address

Maitland, FL 32751

City/State and Zip Code

lisaghill13@gmail.com

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

FILED
TALLAHASSEE, FLORIDA
2013 OCT 31 PM 4:07

For further information concerning this matter, please call:

Lisa G. Hill

Name of Person

at **407 924-9393**

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:

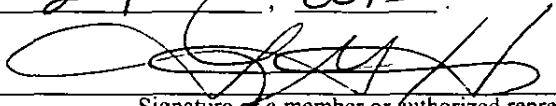
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Henry J. Lopez	537 Legacy Park Drive Casselberry, FL 32707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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MAIL ROOM
 2430 131 PH 407

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

Dated 10-29, 2013



Signature of a member or authorized representative of a member

Lisa G. Hill

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FALL RIVER, MA