

# L14000050835

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BACM 2007-3 RETAIL 9470, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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JUL 24 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BACM 2007-3 RETAIL 9470, 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:

Robin Kyle

*Name of Person*

C-III ASSET MANAGEMENT LLC

*Firm/Company*

5221 N. O'CONNOR BLVD., STE. 600

*Address*

IRVING, TX 75039

*City/State and Zip Code*

RKYLE@C3CP.COM

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

For further information concerning this matter, please call:

ROBIN KYLE

972  
at ( )

868-5388

*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)

7/23/2015 9:45:18 AM From: To: 8506176383( 4/5 )

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	C-III ASSET MANAGEMENT LL	5221 N. O'CONNOR BLVD., STE. 600	<input checked="" type="checkbox"/> Add
		IRVING, TX 75039	<input type="checkbox"/> Remove
MGR	KeyBank National Association	11501 Outlook Street, Ste. 300	<input type="checkbox"/> Add
		Overland Park, Kansas 66211	<input checked="" 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

7/23/2015 9:45:18 AM From: To: 8506176383( 5/5 )

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 22 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robin Kyle, Assistant Secretary of C-III Asset Management, its manager

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00