

L 14000052678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

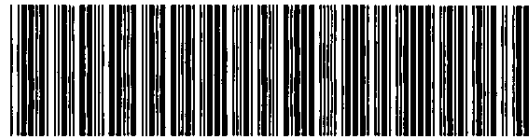
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16 JUL -7 PM 6:15
FILING OFFICE
TOLSON

1 BURBANK 8-1117

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woodland Terrace Apartments, 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:

Scott Phillips

Name of Person

Bayshore Property Management Group, LLC

Firm/Company

511 W Bay Street, Suite 350

Address

Tampa, FL 33606

City/State and Zip Code

Scottphillips303@gmail.com

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

For further information concerning this matter, please call:

Scott Phillips

Name of Person

at 352 494-2392

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2014

SCOTT PHILLIPS
511 W BAY STREET STE 350
TAMPA, FL 33606

SUBJECT: WOODLAND TERRACE APARTMENTS, LLC
Ref. Number: L14000052678

We have received your document for WOODLAND TERRACE APARTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 714A00013459

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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

| | | | |
|-----|----------------|--|------------------------------|
| MGR | Scott Phillips | 511 W Bay Street, Suite 350 Tampa, FL 33606 | <input type="checkbox"/> Add |
|-----|----------------|--|------------------------------|

| | | | |
|--|--|--|--|
| | | 511 W Bay Street, Suite 350 Tampa, FL 33606 | <input checked="" type="checkbox"/> Remove |
|--|--|--|--|

| | | | |
|-----|---|--|---|
| MGR | Bayshore Property Management Group, LLC | 511 W Bay Street, Suite 350 Tampa, FL 33606 | <input checked="" type="checkbox"/> Add |
|-----|---|--|---|

| | | | |
|--|--|--|---------------------------------|
| | | 511 W Bay Street, Suite 350 Tampa, FL 33606 | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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| | | | |
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| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

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

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 2, 2014



Signature of a member or authorized representative of a member

Scott Phillips

Typed or printed name of signee

14 JUL -7 PM 1:15