

L15000137625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

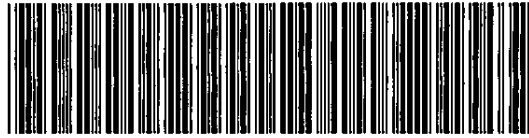
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 10 2015  
J. HARRIS

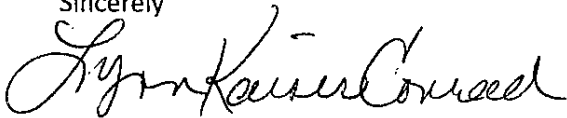
October 20, 2015

Dear Kathy Pass,

Please accept this letter as my formal resignation as Managing Broker and as an officer, Vice President, of All Florida Realty Services, LLC.

Thank you for your support, consideration and understanding.

Sincerely

A handwritten signature in cursive script that reads "Lynn Kaiser Conrad". The signature is fluid and stylized, with the first and last names being more prominent.

Lynn Kaiser Conrad

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL FLORIDA REALTY SERVICES, 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:

Katherine Pass

Name of Person

All Florida Realty Services, LLC

Firm/Company

1648 SE Port St Lucie Blvd

Address

Port St Lucie, FL 34952

City/State and Zip Code

kpass@allfloridarealty.com

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

For further information concerning this matter, please call:

Katherine Pass

at ( 772 ) 323-2062

Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 3

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Change |

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COUNTY CLERK  
MAIL ROOM  
LORAIN

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

REMOVE: Vice President, Lynn Kaiser Conrad, 1648 SE Port St Lucie Blvd., Port St Lucie, FL 34952

**E. Effective date, if other than the date of filing:** 11/01/2015 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Nov. 1<sup>st</sup>, 2015.

Katherine Pass

Signature of a member or authorized representative of a member

Katherine L Pass

Typed or printed name of signee

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