

9/21/2020

Division of Corporations

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 : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FC ENCORE ST. CLOUD, LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

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>
MGR	FCEncoreManager,LLC	3500LenoxRoad,NE,Ste.510	<input type="checkbox"/> Add
		Atlanta, GA 30326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FCEncorePropertiesH,LLC	303InternationalCircle,Ste.200	<input checked="" type="checkbox"/> Add
		Hunt Valley, MD 21030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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STATE OF TEXAS
COUNTY OF DALLAS

F. Effective date, if other than the date of filing: _____ (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)

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(b) The 90th day after the record is filed.

Dated September 18 2020

GM

Signature of a member or authorized representative of a member

Gail Makode

Typed or printed name of signee