

L16000160902

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000258534 3)))



H160002585343ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I199900000006
Phone : (407)425-7010
Fax Number : (407)425-2747

16 OCT 19 AM 8:39

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

Email Address: lschmidt@zkslawfirm.com

RECEIVED

2017 OCT 19 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STERLING TERRACE DEVELOPER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

OCT 20 2016
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

OCT. 19. 2016 11:36AM

NO. 2130 P. 4/7

((H16000258534 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sterling Terrace Developer, 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:

N. Dwayne Gray, Jr., Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

dgray@zkslawfirm.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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

((H16000258534 3)))

OCT. 19. 2016 11:36AM

NO. 2130 P. 6/7

((H16000258534 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>
Member	Glen Bamberger	1105 Kensington Park Drive	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input type="checkbox"/> Change
Member	Ryan VonWeller	1105 Kensington Park Drive	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT 19 AM 8:39
CLERK OF DISTRICT COURT
JANUARY 19 2017

NO. 2130 P. 7/7

[illegible]

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.

Dated OCTOBER 18 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: 525.00

((H16000256534 3)))

FILED
NEW JERSEY STATE
FEDERAL BUREAU OF INVESTIGATION
16 OCT 19 AM 8:39