

1402000002577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

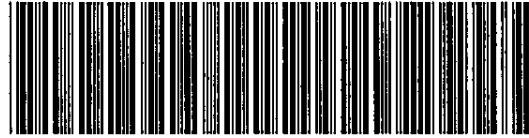
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT 20 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3.000000 OCT 2 2014

207



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2014

RANDY TULEPAN  
8903 GLADES RD A-14  
BOCA RATON, FL 33434

SUBJECT: SOMERSET SHOPPES MANAGEMENT LLC  
Ref. Number: M02000002577

We have received your document for SOMERSET SHOPPES MANAGEMENT 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 914A00021159

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Somerset Shoppes Management 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:

Randy Tulepan

Name of Person

Roberts Equities, LLC

Firm/Company

8903 Glades Road, A-14

Address

Boca Raton, FL 33434

City/State and Zip Code

randy@robertsequities.com

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

For further information concerning this matter, please call:

Cynthia Gonzalez

Name of Person

at 561

Area Code

571-6086

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Somerset Shoppes management LLC
2. Jurisdiction of its organization: DE
3. Date authorized to do business in Florida: 9/30/2002

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: PLEASE SEE ATTACHED

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Randy Tutepan

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

**Filing Fee: \$25.00**

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14 OCT 20 AM 7:57  
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TALLAHASSEE, FLORIDA

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8903 Glades Road, A-14

Boca Raton, FL 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

8903 Glades Road, A-14

*Enter Florida street address*

Boca Raton

*City*

, Florida 33434

*Zip Code*

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TALLAHASSEE, FLORIDA