

M0500000/677 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

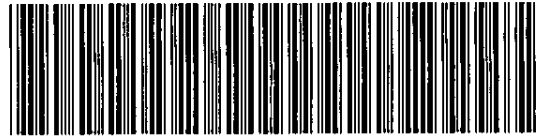
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 2 - 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charlee LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Stanley Gilhool
Name of Person
2X4 Ranch LLC
Firm/Company
500 Hogsback Road
Address
Mason, Michigan 48854
City/State and Zip Code
stanley_gilhool-corporatecounsel@dart.biz
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

S. Stanley Gilhool at (517) 244-2655
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Charlee LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on April 28, 2005
and its Florida document/registration number is M05000001677

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

2X4 Ranch LLC
500 Hogsback Road
Mason, Michigan 48854

FILED
1 OCT 31 AM 9:31
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

Required Signature: James D. Lammers
Signature of Manager, Managing Member or Member
James D. Lammers, Authorized Signatory
Filing Fee: \$25