1181000001

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Pitorie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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MUL 23 2012			
L. <u>S</u> ELLERS			

Office Use Only



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SEGRETARY OF STATE TALL AHASSEE FLORISA

12 JUL 20 ANIZ: 44
SECRETARY OF STATE

CORPDIRECT:AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	enue	merly CCRS)	e n e eng	V.	ung vin	7.00
FILING COVER ACCT. #FCA-14	SHEET					
CONTACT:	RICKY SO	<u>10</u>				
DATE:	07/20/2012					
REF.#:	002796.1699	98				
CORP. NAME:	WDC/HLP	CORTEZ LLC				
() ARTICLES OF INC	ORPORATION	(XX) ARTICLES	OF AMENDMENT	· ()	ARTICLES OF I	DISSOLUTION
() ANNUAL REPORT		() TRADEMAR	RK/SERVICE MAR	K ()	FICTITIOUS NA	ME
() FOREIGN QUALIF	CATION	() LIMITED PA	ARTNERSHIP	()1	IMITED LIABI	LITY
() REINSTATEMENT		() MERGER		()	WITHDRAWAL	
() CERTIFICATE OF	CANCELLATION	ī				
() OTHER:						
STATE FEES P	REPAID W	ІТН СНЕСК	# <u>100163</u> FOR	R \$ <u>25.00</u>		
AUTHORIZAT	ION FOR A	CCOUNT IF	TO BE DEB	ITED:		
			COST	T LIMIT:	\$	
PLEASE RETU	RN:					
() CERTIFIED COF	PY () (CERTIFICATE OF	F GOOD STANDI	NG (XX) PLAIN STAN	MPED COPY
() CERTIFICATE C						

Examiner's Initials

COVER LETTER

TO:	Registration Se Division of Co					
SUBJ	ECT:				rtez LLC iability Comp	any
Dear S	Sir or Madam:					
	nclosed Affidav ging Member(s)					Change Manager(s) or
Please	return all corre	spondence cor	cernii	ng this m	atter to the fol	lowing:
		Nancy Pfeife	or			
		Name of Pers	on			
	MLO	G Commercia	LLC	;		
		Firm/Compan				
	12400 日	iahana Lana	Duita	100		
13400 Bishops Lane Suite 100 Address						
	Brookfield, WI 53005					
	Cit	ty/State and Zi	p Coo	le		
	npfe	ifer@mlgcom	merc	ial.com		
E-mail address: (to be used for future annual report notification)						
For fu	rther informatio	n concerning t	his m	atter, plea	se call:	
	Nancy Pfe	eifer	at (262)		797-9400
	Name of P	erson			de and Daytim	e Telephone Number
	STREET/COU	DIED ANNDE	ee.		MAIL INC. A	DDDEGG.
	Registration Sec		ioo;		MAILING A Registration S	
Division of Corporations			Division of Corporations			
Clifton Building			P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314						
	Tallahassee, Flo	orida 32301				
Enclo]\$25 F	sed is a check f	or the followi \$30 Filing Fe Certificate of Sta	e &		00 Filing Fee & d Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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

The name of the limited liability compa Department of State is:	ny as it appears on the records of the Florida WDC/HLP Cortez LLC
2. This entity was formed under the laws of	of: Wisconsin .
3. This entity was authorized to transact by and its Florida document/registration numbers.	usiness in Florida on April 4, 2005 per is M0500001811
4. The name and address of each manager	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MLG Private Fund LLC 13400 Bishops Lane Suite 100 Brookfield, WI 53005
	AS 7 FE 2
	ATASSEE, F
Required Signature: R. : Signature of Manager	
	Fee: \$25
H M	nd per manager wat,
minajer	. AF MAG PINIVADA THAT JUST,