M05000004845

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: , | |
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Office Use Only



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DIVISION OF CORFORATION

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: 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: | | |
| Michelle Chapman Name of Person | | |
| Courtney Spring, LLC Firm/Company | | |
| 440 Cowtney Springs Cir. | | |
| Winter Springs FL 32708 | | |
| City/State and Zip Code MChaman © Vock - management. (Om E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: Name of Person at (407) 365-1712 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 | | |
| Finclosed is a check for the following amount: \$25 Filing Fee \$\times \text{\$\text{\$\text{S}}\$30 Filing Fee & \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{Filing Fee} & \$\text{\$\$\text{\$\exitt{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\$\text{\$\$\text{\$\tex{ | | |

DIVISION OF CORPORATION

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

| 1. The name of the limited hability compan Department of State is: | y as it appears on the records of the Florida |
|--|---|
| 2. This entity was formed under the laws of | |
| 3. This entity was authorized to transact bus | J alilbani |
| and its Florida document/registration number | er is <u>M05000004895</u> |
| 4. The name and address of each manager of | or managing member is as follows: |
| <u>Title:</u> "MGR" = Manager | Name and Address: |
| "MGRM" = Managing Member | |
| MGR | Michelle Chapman 440 Courtney Springs (U. Ninter Springs PL 32)08 |
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| | |
| Required Signature: McCulle | Chapman Managing Member or Member |
| Digitature of Mallager, 1 | managing Memori of Montoci |

Filing Fee: \$25