M05000004927

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amend	ment Section n of Corporations			
SUBJECT:	Villager	Realty U	<u>د</u>	
			_	
DOCUMENT	NUMBER:	M050000	04927	
The enclosed A submitted for f	<i>lffidavit by Foreigr</i> iling.	n Corporation to C	Change/Add Office	er(s) and/or Director(s) and fee are
Please return al	II correspondence c	oncerning this mat	ter to the followin	g:
Ke	rvin Voller			
	Name of Contact I	Person		
Thek	olter Euroup	uc		
	Firm/Compa	ny		
7015.01	ive Avenue Address	Suite 104		
	Address	- 		
west fai	m Beach, A	33401		
	City/State and Zi			
Wa na	-10401/	-110- 10.1	to the second	^
E-mail addr	ress: (to-be used for f	uture annual report	notification)	n de la companya de l
***	***	·	न्युप्तकार्यक्षेत्र व	
For further info	rmation concerning	g this matter, pleas	e call:	
Kevin v	oller	a+ (!	والمحاد الما	1 <00
Name	of Contact Person	Area	701) 482.4 a Code & Daytime 7	Celephone Number
P1		. d pi i p		4 6 9
Enclosed is a ci	neck made payable	to the Florida Dep	artment of State 16	or the following amount:
\$35.00 Fi		Filing Fee & cate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing	Address:	:	Street Address:	
	nent Section of Corporations		Amendment Section Division of Corpor	
P.O. Bo	x 6327	1	Clifton Building	MINIONO
Tallahas	ssée, FL 32314 EL		266 P Executive Ce	
			Tallahassee, FL 32	2301

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

. This entity was formed under	the laws of: Delawake.
. This entity was authorized to	
nd its Florida document/registra	tion number is
. The name and address of each	manager or managing member is as follows:
itle:	Name and Address:
MGR" = Manager	
MGRM" = Managing Member	
MOL	The Kotter Grap UC
	701 s. dive werve, suite 104
	most pain beach, R 33401
MGR_	John C. CSALO
	7015. Olive Avenue, Suite 104
	West-falm Beach, K_ 33401
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Filing Fee: \$25