M06000000369

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEE F. STATE

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J. BRYAN

DEC 2.1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2009

JOSEPH PEASE KOLTER HOMES VERANO LLC 1601 FORUM PLACE, SUITE 805 WEST PALM BEACH, FL 33401

SUBJECT: KOLTER HOMES VERANO LLC

Ref. Number: M06000000369



We have received your document for KOLTER HOMES VERANO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

The person resigning and the person signing the resignation documentmust be the same.

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 409A00037152

COVER LETTER

| TO: Registration S Division of C | | | | | | | |
|--|---|---------|-------------|-----------------------------|-----------------------------------|--|--|
| SUBJECT: KO | itee Home | es Ve | erano | uc | | | |
| | Name of For | | | | pany | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Affiday Managing Member(s | | | | | o Change M | lanager(s) or | |
| Please return all corre | espondence con | cerning | g this mat | tter to the fo | ollowing: | | |
| Micole An | ige lakos | | | | | | |
| Micole An | Name of Perso | on | | | | <i>≈</i> • _ | |
| Veo 1 | ter | | | | | 09 01 SECF | |
| | Firm/Compan | у | | | | DEC CRET | |
| 7015.01 | ive Aven | ه ر ين | svite 19 | >4 | | 18 F | |
| | Address | | | | | 지유 글 | |
| west falm Beach, FL 33401 | | | | | | PM 12: 52 Y OF STATE SEE, FLORID | |
| City/State and Zip Code | | | | | DM 10 | | |
| nangelaki | | | | | | | |
| E-mall address: | (to be used for | future | annual re | port notifica | ation) | | |
| For further information | on concerning t | his ma | tter, pleas | se call: | | | |
| Name of Person Area Code and Daytime Telephone Number | | | | | | | |
| Name of I | Person | _ ` | Area Cod | e and Dayti | me Telepho | ne Number | |
| Registration Section Registration of Corporations Division | | | | Registration Division of | ration Section on of Corporations | | |
| Clifton Buildir 2661 Executive Tallahassee, Fl | e Center Circle | | | P.O. Box 63 Tallahassee, | Florida 323 | 14 | |
| Enclosed is a check \$25 Filing Fee | for the following \$30 Filing Fee Certificate of Sta | e & | | 0 Filing Fee & Copy | | ling Fee, e of Status & Copy | |

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

| 1. The name of the limited liability company Department of State is: Kolter Henry | y as it appears on the records of the Florida |
|---|--|
| 2. This entity was formed under the laws of | No. of the co |
| 3. This entity was authorized to transact bus and its Florida document/registration numbe | |
| 4. The name and address of each manager o | r managing member is as follows: |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGR | Poboet Julien 701 S. Olive Avenue, suite 104 Nest four beach, R. 32401 |
| MOL | Michael Clocke 701 S. Olive Avenue, Suite 104 west palm Beach, the 33401 |
| MOR | Howard Erbstein 701 S. Olive Avenue, Suite 104 west-farm Seach, R. 33401 |
| | SECRE TALLAH |
| | T I I I I I I I I I I I I I I I I I I I |
| Required Signature: | Managing Member or Member |

Filing Fee: \$25