

MO6 000000 2780

(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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2020 FEB 10 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2020

KATHY ZUIDEMA
8210 LAKEWOOD RANCH BLVD
LAKEWOOD RANCH, FL 34202

SUBJECT: SARASOTA LAKEWOOD RANCH VENTURES, LLC
Ref. Number: M06000002780

We have received your document for SARASOTA LAKEWOOD RANCH VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 120A00001768

10-34
2020 FEB 10 PM 3:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Lakewood Ranch Ventures LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Zuidema

Name of Person

Sarasota Lakewood Ranch Ventures, LLC DBA Keller Williams
Firm/Company Realty Select

8210 Lakewood Ranch Blvd

Address

Lakewood Ranch FL 34202

City/State and Zip Code

klrw373@kw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Zuidema

Name of Person

at (941) 556-0500

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

ck # 12743 dated 12/19/19 already cashed.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Sarasota Lakewood Ranch Ventures, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: MC6000002780

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5-12-2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Steven P. Baron	330 Gershwin Dr	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34237	<input type="checkbox"/> Remove
AMBR	Scott Nold	6508 Rosehill Farm Run	<input checked="" type="checkbox"/> Add
		Lakewood Ranch FL 34211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Paul L. Cornuke

Signature of the authorized representative

Paul L. Cornuke

Typed or printed name of signee

Filing Fee: \$25.00