

M07000001553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

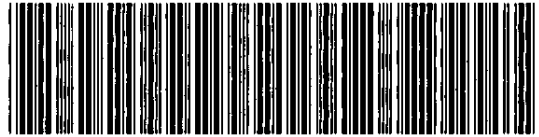
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/09/10--01011--019 \*\*30.00

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10 MAR 9 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 10 2010

EXAMINER

(Handwritten signature)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Streemline Enterprises, 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:

Emily A. Troesch, Esq.  
Name of Person

Vezina, Lawrence, & Piscitelli, P.A.  
Firm/Company

300 SW 1st Avenue, Suite 150  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

emily.ostrander@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily A. Troesch at ( 954 ) 728-1270  
Name of Person Area Code & 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

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2010

EMILY A TROESCH, ESQ.  
300 SW 1ST AVE SUITE 150  
FORT LAUDERDALE, FL 33301

SUBJECT: STREEMLINE ENTERPRISES, LLC  
Ref. Number: M07000001553

We have received your document for STREEMLINE ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No attachment was sent with your amendment form.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 310A00006000

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
• AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of  
State: Streamline Enterprises, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 3/15/2007

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the  
change effected under the laws of its jurisdiction of organization? \_\_\_\_\_

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

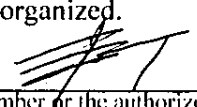
(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."  
or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the  
correction: Please see attached False Statement Correction Sheet.

9. Attached is an original certificate, 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.

  
\_\_\_\_\_  
Signature of a member or the authorized representative of a member

Emily A. Troesch

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
10 MAR 21 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FALSE STATEMENT CORRECTION SHEET**

**Streamline Enterprises, LLC**

**False Statement:**

Title: MGRM

Troesch, Christopher S.

4450 NE 30<sup>th</sup> Avenue

Lighthouse Point, FL 3364

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TALLAHASSEE, FLORIDA

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**Correct Statement:**

Title: MGRM

Troesch, Emily A.

4450 NE 30<sup>th</sup> Avenue

Lighthouse Point, FL 33064

Title: Member

Troesch, Christopher S.

4450 NE 30<sup>th</sup> Avenue

Lighthouse Point, FL 33064

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Signature of a member or the authorized representative of a member

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*Emily A. Troesch*

Typed or printed name of signee