

MD7000004434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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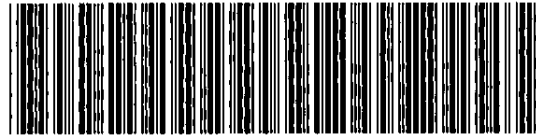
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

APR - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PBP Apartments LLC
(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:

Dayna Boone
(Name of Person)

Post Properties, Inc.
(Firm/Company)

4401 Northside Parkway, Suite 800
(Address)

Atlanta, GA 30327
(City/State and Zip Code)

For further information concerning this matter, please call:

Dayna Boone at (404) 846-5016
(Name of Person) (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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E123(8/07)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PBP Apartments LLC

2. This entity was formed under the laws of: Georgia

3. This entity was authorized to transact business in Florida on 7/25/07
and its Florida document/registration number is M07000004434

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Post Apartment Homes, L.P.

4401 Northside Parkway, Suite 800

Atlanta, GA 30327

2008 APR -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Required Signature: _____

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25