(R	equestor's Name)		
(Address)			
(A	ddress)	-	
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
·			
JUL 2 6 2012			
L. SELLERS			

Office Use Only

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SECRETARY OF STATE ALLAHASSEE, FLORIDA 12 JUL 25 PH 7: 5:

## **COVER LETTER**

TO: Registration Section Division of Corporations	3
SUBJECT: F	Pegasus Residential, LLC
Name of	Foreign Limited Liability Company
Dear Sir or Madam:	
The enclosed Affidavit by Forei Managing Member(s) and fee(s)	gn Limited Liability Company to Change Manager(s) or are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Laura Le	grand
Name of	Person
Pegasus Resid	lential, LLC
Firm/Con	npany
1750 Founders Par	kwav. Suite 180
Addre	
Alpharetta, G	A 30009
City/State an	······································
LKL@Pegasu	sResidential.com
E-mail address: (to be used	for future annual report notification)
For further information concern	ing this matter, please call:
Laura Legrand	at ( 678 ) 347-2823
Name of Person	Area Code and Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Cle Tallahassee, Florida 32314
Enclosed is a check for the following \$25 Filing Fee \$30 Filing Certificate	ng Fee & \$55.00 Filing Fee & \$60 Filing Fee,



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2012

LAURA LEGRAND 1750 FOUNDERS PARKWAY, STE. 180 ALPHARETTA, GA 30009

SUBJECT: PEGASUS RESIDENTIAL, L.L.C.

Ref. Number: M09000000353

We have received your document for PEGASUS RESIDENTIAL, L.L.C. and your check(s) totaling \$30.00. 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) 245-6051.

Letter Number: 712A00018361

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

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

I. The name of the limited liability compar Department of State is: P	ny as it appears on the records of the Florida egasus Residential, LLC.
2. This entity was formed under the laws o	f: <u>Georgia</u> .
3. This entity was authorized to transact buand its Florida document/registration number	siness in Florida on <u>01/26/2009</u> er is <u>M0900000353</u> .
4. The name and address of each manager of	or managing member is as follows:
<u>Γitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	Lindy Ware
	1750 Founders Parkway, Suite 180 Alpharetta, GA 30009
MGR	Christopher Lawrence 1750 Founders Parkway, Suite 180
	Alpharetta, GA 30009
MGR_	Debbie Conley 1750 Founders Parkway, Suite 180 Alpharetta, GA 30009
MGRM	John McCann
	2520 B Gaskins Road Richmond, VA 23238
MGRM	D Fleet Wallace
	richmond, VA 23238
MGRM	Porter Lummus 12 Piedmont Center, Suite 100 79
0 ~ ~	Atlanta, GA 30305
Required Signature: Judy N	War Shirt
Signature of Manager,	, Managing Member or Member

Filing Fee: \$25