

#1090000001736

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 14 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHADOW RIDGE PROPERTIES, 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:

Sarah Tarczewski

Name of Person

Shadow Ridge Properties, LLC

Firm/Company

P.O. Box 112315

Address

Naples, FL 34108

City/State and Zip Code

sarah@shadowridgeprop.com

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

For further information concerning this matter, please call:

Sarah Tarczewski

Name of Person

at ( 239 ) 223-4965

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Shadow Ridge Properties, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: May 7, 2009

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

4. 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.")

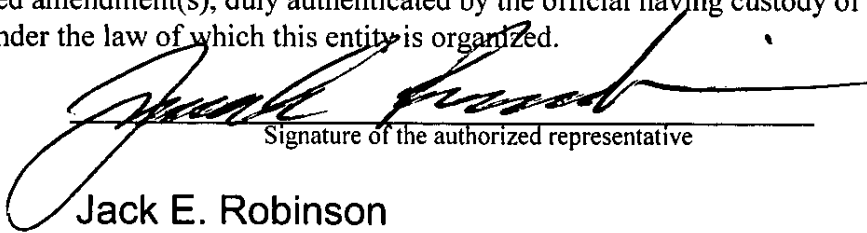
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: ASST MGR - Kenneth A. Tarczewski, 2710 24th Avenue NE, Naples, FL 34120

ASST MGR - Sarah E. Tarczewski, 2710 24th Avenue NE, Naples, FL 34120

7. Attached is an original certificate, if <sup>not required</sup> 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.

  
\_\_\_\_\_  
Signature of the authorized representative

Jack E. Robinson

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2009 MAY -7 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA