M09000235

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2016

ANDREW F CATES CARRABELLE BEACH RVC LLC 429 N MAIN STREET STE 100 MEMPHIS, TN 38103

SUBJECT: CARRABELLE BEACH RVC, LLC

Ref. Number: M09000002935

We have received your document for CARRABELLE BEACH RVC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been ##ed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00027086

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carrabelle Beach RVC, 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:	
Andrew F. Cates Name of Person	
Carrabelle Beach RVC, LLC Firm/Company	TALLEA
429N. Main St., Steloo	
Memphis, TN 38/03 City/State and Zip Code	om 1:39
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Gladys McGowan at (901) 432-4748 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton 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: \$\Bigsize \text{\$\text{S25 Filing Fee}} \text{\$\text{\$\text{S30 Filing Fee} & \$\text{\$\text{\$\text{\$\text{\$\text{Certified Copy}}}}} \text{\$\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\$\text{\$\exitt{\$\text{\$\text{\$\$\}\$}}\$}\$}\text{\$\text{\$\text{\$\$\}\$}}\$}}}}}}	

CR2E055 (9/15)

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 of State: <u>Carrabelle Beac</u>		-
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 liabil	ity company is: MO90	00002935
3. Jurisdiction of its organization: Delaw	vare.	DEG
4. Date authorized to do business in Florida:	-30-2009	
SECTION II (5-9 complete only the applicable cha	anges)	PM
5. New name of the limited liability company: (must co	ontain "Limited Liability Comp	pany, " "L.L.C.," or "LLC.
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ging members adopting the alter	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office address.	officer address on our records, ess here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	Struct Address
	Emer Pioriaa :	
	City [,]	, Florida Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and accept the obligations of my position as registered document is being filed to merely reflect a change in a liability company has been notified in writing of this content.	and agree to act in this capacity d complete performance of my ed agent as provided for in Cha the registered office address, I	duties, and I am familiar with opter 605, F.S. Or, if this

Title/ Capacity	<u>Name</u>	Address 429 N·MA	in St., Ste100
MGRM RV	icusA,LP		SY 7N 38/03 □ Add
			Remo
President Al	ndrew F. Ca	tes <u>429 N M</u> Suite 10	
		Memphis	<i>TN38103</i> □ Remo
e esident Ya	ile J.Spina	429 N.N. Suite 10	ainst man
		Memphi	<i>S//N 38/0</i> 3 Renion دن
retary Glo	adys M MCGO	wan <u>429 N.N</u> Suite 10	Vain St MAdd
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Filing Fee: \$25.00