## M12000002502

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	iy/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





900236761679

07/09/12--01021--018 \*\*30.00

12 JUL -9 PH 12: 12

DIVISION OF CORPORATIONS

٤)

JUL 10 2012 T. HAMPTON

## **COVER LETTER**

TO:	Registration Division of	n Section Corporations				
SUBJ	ECT:			****	iates, LLC	
		Name of Fo	reign	Limited L	iability Comp	any
Dear	Sir or Madam	ı:				
The e Mana	nclosed Affid ging Member	lavit by Foreign (s) and fec(s) are	Limit e subi	ted Liabilit mitted for	y Company to filing.	Change Manager(s) or
Please	return all co	rrespondence co	ncerr	ning this m	atter to the fol	lowing:
		Rachael Pet	ers			
		Name of Per	son			
	Tra	ide Street Capi	tal. L	LC		
		Firm/Compa				
	10050 14/	ant Country Ch	. D.	C+= 000		
-774	18820 AA	est Country Clu Address	יט ס	., 510. 800		
		Addiess				
·	A۱	<u>rentura, Florida</u>			***************************************	
		City/State and 2	ip Co	ode		
		rpeters@trade				
E	-mail addres	s: (to be used for	futu	re annual r	eport notificat	ion)
For fu	rther informs	tion concerning	this r	natter, plea	ise call:	
	Rachael	Peters	at :	( 786 )		248-6027
	Name o	f Person		Area Co	de and Daytin	ne Telephone Number
	Registration Division of C Clifton Build 2661 Execut	Corporations ling ive Center Circle	ESS:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	ection orporations
	i alianassee,	Florida 32301				
	sed is a chec Filing Fee	k for the follow  \$30 Filing F  Certificate of Si	ee &		00 Filing Fee & d Copy	S60 Filing Fee, Certificate of Status & Certified Copy

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

The name of the limited liability Department of State is:	company as it ap Umatilla /	opears on the records of the Fl Associates, LLC	orida 
2. This entity was formed under the	laws of:	Delaware	·
. This entity was authorized to tran nd its Florida document/registration			
. The name and address of each ma	anager or manag	ing member is as follows:	
<u>`itle:</u> MGR" = Manager MGRM" = Managing Member	Name a	nd Address:	
<u>//GRM</u>	19950	el Baumann West Country Club Dr., Ste Ira, Florida 33180	<u>3. 800</u>
• • • • • • • • • • • • • • • • • • • •	-		
	2=		
Required Signature: Signature of Ma	anager, Managin	g Member or Member	PM 12:
_	Filing Fee: \$25	-	12