4/21/2018 Division of Corporations

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

M18000002536

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000125905 3)))

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: davidadimarco@gmail.com

FILED
18 AUG -9 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG -9 PM 1:39

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SANTA FE MOBILE HOMES, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | $25.00 |

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AUG 10 2018

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# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTA FE MOBILE HOMES, 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:

Amy Jellicorse, Esq.
Name of Person

Zimmerman Kiser Sutcliffe, P.A.
Firm/Company

315 E. Robinson Street, Suite 600
Address

Orlando, FL 32801
City/State and Zip Code

davidadimarco@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Jellicorse at (407) 425-7010
Name of Person 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

...Gen055 (9/15)

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# 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 on the records of the Florida Department of State: Santa Fe Mobile Homes, LLC

Enter new principal office address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

8490 Via De Bellasidra
Las Vegas, NV 89123

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

8490 Via De Bellasidra
Las Vegas, NV 89123

2. The Florida document number of this limited liability company is: M12000002536

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 05/03/12

SECTION II (5-9 complete only the applicable changes)

5. 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: D. Scott Baker, Esq.

New Registered Office Address: 315 E. Robinson Street, Suite 600
*Enter Florida Street Address*

Orlando, Florida 32801
*City* *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0903 (1)(e), indicate that change:

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Market Street Group LLC | 19 Market Street<br>Beaufort, SC 29906 | ☐ Add<br>☒ Remove |
| MGR | David DiMarco | 8490 Via De Bellasidra<br>Las Vegas, NV 89123 | ☒ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

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9. Attached is a certificate, if 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

David DiMarco

Typed or printed name of signee

Filing Fee: $25.00

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August 1, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SANTA FE MOBILE HOMES, LLC
20-B MARKET STREET #1
BEAUFORT, SC 29906

SUBJECT: SANTA FE MOBILE HOMES, LLC
REF: M12000002536

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any further questions concerning your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H18000125905
Letter Number: 018A00010809

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