

M120000004216

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000203796 3)))



H120002037963ABC/

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 8/13

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SNEADS LEASED HOUSING ASSOCIATES SLP I, LLC

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SECRETARY OF STATE
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12 AUG 13 AM 7:41

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sneads Leased Housing Associates SLP I, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John D. Nolde

Name of Person

Winthrop & Weinstine

Firm/Company

225 South Sixth Street, Ste 3500

Address

Minneapolis, MN 55402

City/State and Zip Code

jnolde@winthrop.com

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

For further information concerning this matter, please call:

John D. Nolde

Name of Person

at (612)

604-6465

Area Code and 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

☒ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E123(8/07)



August 16, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SNEADS LEASED HOUSING ASSOCIATES SLP I, LLC
2905 NORTHWEST BLVD.
SUITE 150
PLYMOUTH, MN 55441

SUBJECT: SNEADS LEASED HOUSING ASSOCIATES SLP I, LLC
REF: M12000004216

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

The form you submitted is for a FOREIGN AMENDMENT, but your entity is a AFFIDAVIT TO CHANGE MANAGERS/MANAGING MEMBERS. Please complete and return the enclosed blank form(s).

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

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000203796
Letter Number: 212A00021093

RECEIVED
12 AUG 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sneads Leased Housing Associates SLP I, LLC
2. This entity was formed under the laws of: Minnesota
3. This entity was authorized to transact business in Florida on 7/25/2012
and its Florida document/registration number is: M12000004216
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM, MGR

Armand E. Bachman
2905 Northwest Boulevard, Suite 150
Plymouth, MN 55441

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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