

M13 000007057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

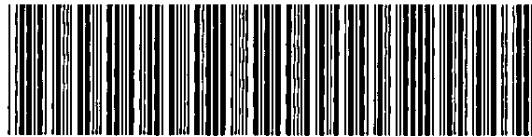
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RECEIVED
13 DEC 18 PM 1:32
DIVISION OF CORPORATIONS

FILED
2013 DEC 18 AM 10 55
FALLS CHURCH, VA
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CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 12/18/2013

REF. #: 8994560

CORP. NAME: ESLBV PROPERTY OWNER, LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: AFFIDAVIT TO CHANGE MANAGER(S) OR MANAGING MEMBER(S) | | |

STATE FEES PREPAID WITH CHECK# 70011719 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2013 DEC 18 AM 10:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESLBV PROPERTY OWNER, 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:

GRACE H. YANG, ESQ.

Name of Person

GRAYROBINSON, P.A.

Firm/Company

401 E. JACKSON ST., SUITE 2700

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

grace.yang@gray-robinson.com

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

For further information concerning this matter, please call:

Grace H. Yang, Esq. at (813) 273-5000

Name of Person

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

2013 DEC 18 AM 10 56

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**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: ESLBV PROPERTY OWNER, LLC

2. This entity was formed under the laws of: DELAWARE

3. This entity was authorized to transact business in Florida on NOVEMBER 6, 2013
and its Florida document/registration number is M13000007057

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:


MGR

JOSEPH WELLENBUSER (ADD)

EIGHT PENN CENTER, 23RD FLOOR

PHILADELPHIA, PA 19103

Required Signature: _____


Signature of Manager, Managing Member or Member

Filing Fee: \$25

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