

114000003982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

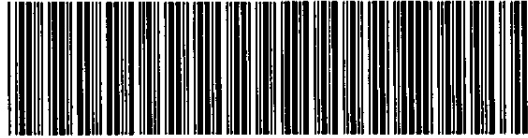
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

WRONG FORM

Office Use Only



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09/21/15--01051--005 **25.00

FILED
2015 OCT -5 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT -6 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

BURTON CAROL MANAGEMENT LLC SAE
ATTN: TAMMY SARI
4832 RICHMOND RD, STE. 200
CLEVELAND, OH 44124

SUBJECT: MCR RACCOON LLC
Ref. Number: M14000003982

We have received your document for MCR RACCOON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00020020

RECEIVED
15 OCT -5 PM 4:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

burtoncarol
MANAGEMENT LLC

4832 Richmond Road, Suite 200
Cleveland, Ohio 44128

September 30, 2015

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment filings

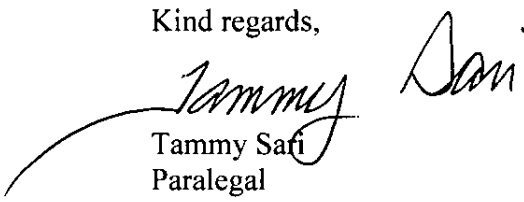
Dear Sir/Madam:

Please find enclosed for filing the original Articles of Amendment for each of the entities listed

1. MCR Raccoon LLC
2. WBR Raccoon LLC

Please return a file-stamped copy to me in the self addressed stamped envelope provided and please do not hesitate to contact me if you have any questions or concerns regarding the enclosures.

Kind regards,


Tammy Sari
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCR Raccoon 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:

Tammy Sari

Name of Person

Burton Carol Management LLC

Firm/Company

4832 Richmond Rd., Suite 200

Address

Cleveland, OH 44128

City/State and Zip Code

tammysari@burtoncarol.com

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

For further information concerning this matter, please call:

Tammy Sari

Name of Person

at (216) 464-5130 x400

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

**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: MCR Raccoon LLC

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 liability company is: M14000003982

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: June 6, 2014

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: _____

New Registered Office Address: 6462 Central Avenue

Enter Florida Street Address

St. Petersburg

City

Florida

33707

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

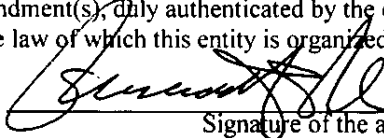
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> 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

Robert G. Risan

Typed or printed name of signee

Filing Fee: \$25.00