

M18000001263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

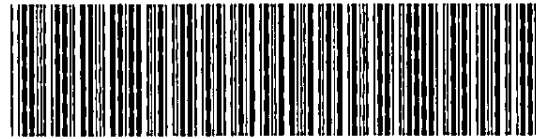
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong Form

Office Use Only



700318196297

09/12/18--01004--013 **25.00

FILED
18 OCT 15 AM 6:52
SEVEN SEVEN FIVE
TALLAHASSEE FLORIDA

K SALY
OCT 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2018

1297 GRAND TRAVERSE ASSOCIATES LLC
DAVID KRAKAUER
333 W FORT ST, STE. 1350
DETROIT, MI 48226

SUBJECT: 1297 GRAND TRAVERSE ASSOCIATES LLC
Ref. Number: M18000001263

We have received your document for 1297 GRAND TRAVERSE ASSOCIATES 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):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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: 518A00019359

2018 OCT 15 AM 9:59

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1297 Grand Traverse Associates, 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:

David Krakauer

Name of Person

1297 Grand Traverse Associates LLC

Firm/Company

333 W. Fort St. Suite 1350

Address

Detroit, MI 48226

City/State and Zip Code

DavidK@sgdetroit.com

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

For further information concerning this matter, please call:

Pamela Thomas

Name of Person

at (407) 252-1325

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)

FILED
18 OCT 15 AM 7:00
STATE OF FLORIDA
TALLAHASSEE

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: 1297 Grand Traverse Associates 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: M18000001263

3. Jurisdiction of its organization: Michigan

4. Date authorized to do business in Florida: 02/05/2018

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: Pamela Thomas -Pamela C Thomas Consulting LLC

New Registered Office Address: 2157 Lake Drive

Enter Florida Street Address

Winter Park, Florida 32789
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.

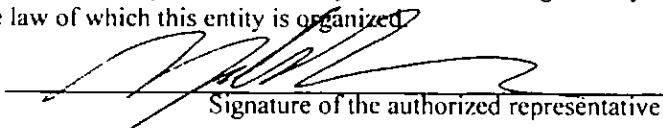

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Serebrowski, Yisroel	1297 Grand Traverse Parkway	<input type="checkbox"/> Add
		Reunion, FL 34747	<input checked="" type="checkbox"/> Remove
AMBR	Krakauer, David	333 W. Fort St. Ste 1350	<input checked="" type="checkbox"/> Add
		Detroit, MI 48226	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 Krakauer

Typed or printed name of signee

STATE OF FLORIDA
 TALLAHASSEE
 18 OCT 15 AM 7:00
 FILED

Filing Fee: \$25.00