M23000008120

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Name)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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W23000064641						

Office Use Only



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• • •

Karen K. Farnsworth

From: RegistrationsCorpHelp < RegistrationsCorpHelp@Dos.myflorida.com>

Sent:Tuesday, May 16, 2023 12:14 PMTo:karenkfarnsworth@gmail.comSubject:RE: Rejected Filing W23000066647

Hay 8, 2023

BRANDON STEWART, ESQ 1550 EAST BELTLINE AVE SE, SUITE 150 GRAND RAPIOS, MI 49506 US

SUBJECT: 114 SH 52ND ST INVESTORS, LLC

Ref. Number: 423000066647

We have received your document for 114 SW 52ND ST INVESTORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Andrea Andrews

Regulatory Specialist II Letter Number: 923A00010380

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

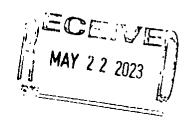
From: Karen K. Farnsworth < karenkfarnsworth@gmail.com >

Sent: Tuesday, May 16, 2023 12:07 PM

To: RegistrationsCorpHelp < RegistrationsCorpHelp@Dos.myflorida.com >

Cc: Karen Farnsworth < karenkfarnsworth@gmail.com>

Subject: Rejected Filing W23000066647



EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Hello,

We recently submitted the attached Application which was Rejected according to the Sunbiz.com website. Can you please help me find out why it was rejected and how to resubmit the application once it's corrected?

Corporate Name Document Number Status W23000066647 Active

COVER LETTER

 $(K_{i}, 0, \dots, N_{i}, n_{i}) \in \mathcal{K}$

TO:

Registration Section

Division of Corporations

SUBJECT:	114 SW 52nd St Investors, LLC						
SUBJECT:	Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.					
Please return	all correspondence concerning this matter to	the following:					
	Brandon Stewart, Esq						
	Name of Person						
	Timmer Partners						
	Firm/Company						
	1550 East Beltline Ave SE, Suite 150						
		Address					
	Grand Rapids, Michigan 49506						
	City/State and Zip Code						
	brandon@timmerpartners.com						
	E-mail address: (to be	used for future annual report notification)					
For further in	nformation concerning this matter, please call	l:					
Bra	undon Stewart	616 591-4162 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

1 10/140	"·						
1. Na	ume of the limited liability company: 114 SW	52nd S	St Investors, LLC				
2. (a)	1550 E. Beltline Ave. SE, Ste. 150	_(b) 1	(b) 1550 E. Beltline Ave. SE, Ste. 150				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Grand Rapids, MI 49506		Grand Rapids, MI 49506				
		<u> </u>					
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)							
	Registered Agent and Registered Office shown on the records o	t the Florida De	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRECO					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI					
							
	, F	L	202				
(b)	Registered Agents Inc		023 HAY 2				
()	Enter name of NEW Registered Agent and/or NEW Registere	ss: 22 Final Control C					
	7901 4th St N						
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·					
	STE 300						
	St. Petersburg	_L 33702					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the onerating agreement of the	aws of the Sta of the register liability comp of the limited e limited liab	red office and the business office of the registere pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in				
Signa	tur of a member or authorized representative of a member	30110	Printed or typed name of signee				
I here	hv accent the appointment as registered agent and as	eree to act in	this capacity. I further goree to comply with the				

Increoy 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 meeting reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

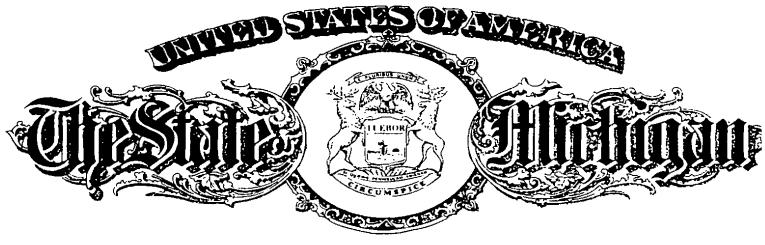
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
■Manager	Name: Todd Kamps	□Manager	Name:		
■ Member Address: 1550 East Beltline Ave SE Suite 150		□Member	Address:	Address:	
		□Authorized			
Person	Grand Rapids, MI 49506	Person			
Other	Other	□Other		□ Other	
■Manager	Jon Timmer Name:	□Manager	Name:		
■Member	Address: 1550 East Beltline Ave SE	□Member	Address:		
■Authorized	Suite 150	□Authorized			
Person	Grand Rapids, MI 49506	Person			
Other	Other	Other		□ Other	
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
□Other	Other	□Other		□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Todd Kamps

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

114 SW 52ND ST INVESTORS, LLC

was validly authorized on June 29, 2022, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 23040376910

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of April, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau