## M23000015853

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PICK-UP WAIT MAIL						
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## COVER LETTER

TO:	Registration Section Division of Corporations				
er n re	LAKESIDE MADDOX PROPERTIES LLC				
SUBJE	CT: Name	of Limited Liability Co	empany		
The enc Existens	losed "Application by Foreign Limited Liability C ee, and check are submitted to register the above r	Company for Authorizati eferenced foreign limite	ion to Transact Business in Florida," Certificate of d liability company to transact business in Florida.		
Please r	eturn all correspondence concerning this matter to	the following:			
	CHRISTINA BRENNAN				
		Name of Person			
	COTTON MATHER ACCOUNTING	GROUP LLC			
		Firm/Company			
4550 MCKNIGHT RD, STE 208					
		Address			
	PITTSBURGH, PA 15237				
	C	ity/State and Zip Code			
	CHRISSY@COTTONMATHER.COM				
	E-mail address: (to be	e used for future annual	report notification)		
For fur	ther information concerning this matter, please ca	H:			
	JAMES LUEERS	412	720-9803		
	Name of Contact Person	Area Code	Daytime Telephone Number		
	Mailing Address:	Street Address:	win		
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	, and most of the second	Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  \$125.00 Filing Fee \$130.00 Filing Fe  Certificate	ee & 🔠 - \$155.00 Fil	TE ing Fee &   \$160.00 Filing Fee, Certificate ed Copy of Status & Certified Copy		

3. 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]:

litle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□ Manager	Name: CATHY LUEERS	□Manager	Name:	
■Member	Address:	□ Member	Address.	
Authorized	NAPLES, FL 34119	□ Authorized		
Person		Person		
□Other	Other	_Other		□Other
Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other	<del></del>	Cother
⊒Manager	Name:	□Manager	Name:	
11Member	Address:	□Member	Address:	-
<b>T</b> 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. Fam 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.

Shun		
	Signature of an authorized person	
CATHY LUEERS		
	Limed or original name of summer	