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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 11 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGH TIDE CUSTOM TRIM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM G. WALL
Name of Person
HIGH TIDE CUSTOM TRIM
Firm/Company
2060 E. HATTON ST
Address
PENSACOLA FL 32503
City/State and Zip Code
shhc50@bellsouth.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

WILLIAM G. WALL at (**850**) **501-5051**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GREG BROCK	2060 E. HATTON ST PENSACOLA FL 32503	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STEVE TRUESDALE	2060 E. HATTON ST PENSACOLA FL 32503	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MIKE MIELCZARSKI	2060 E. HATTON ST PENSACOLA FL 32503	<input checked="" type="checkbox"/> Add <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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 TALLAHASSEE, FLORIDA

Dated DEC 9 2009

William G Wall

 Signature of a member or authorized representative of a member

WILLIAM G WALL

 Typed or printed name of signee