

L10000043183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

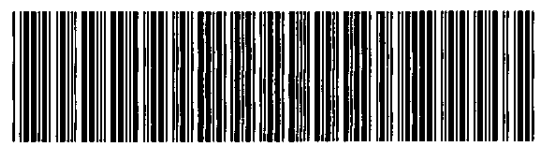
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800210815448

08/12/11--01015--006 **25.00

2011 AUG 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER
AUG 15 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kenneth Russell Roof Contracting
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:

Oleymis Saco
Name of Person

Kenneth Russell Roof Cont.
Firm/Company

16541 SW 277 St
Address

Homestead FL 33031
City/State and Zip Code

oleymis@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Oleymis at (305) 796-1803
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 12 AM 10:56

FILED

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

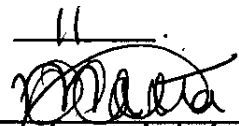
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kenneth Russell	16541 SW 277 St Homestead FL 33031	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Marta Escalona	111 SW 67 Ave. Miami FL 33031	<input checked="" type="checkbox"/> Add <input type="checkbox"/> 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

2011 AUG 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 8/8



Signature of a member or authorized representative of a member

Marta Escalona
Typed or printed name of signee