

L120VV114168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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09/17/12--01030--013 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 SEP 17 PM 3:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T & P Quality Towing, LLC.
Name of Limited Liability Company

FILED
SECRETARY OF CORP. & FINANCE
DIVISION OF CORPORATIONS
12 SEP 17 PM 3:03

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

Please return all correspondence concerning this matter to the following:

Enock Israel Owiti
Name of Person
T & P Quality Towing, LLC.
Firm/Company
4686 South Kirk Road
Address
Lake Worth, Florida, 33461
City/State and Zip Code
trimnpretty@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enock Israel Owiti at (954) 8290015
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

SECRETARY OF DEFENSE
DIVISION OF COMPTROLLER
12 SEP 17 PM 3:03
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L12000114168

Page 1 of 2

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

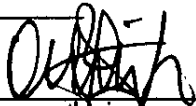
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

N/A

Dated 09/15/2012, _____



Signature of a member or authorized representative of a member

Enock Israel Owiti

Typed or printed name of signee