

L63000001707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

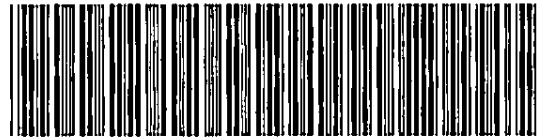
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/20/21
TMM

Office Use Only



500363048685

03/31/21--01009--010 **60.00

FILED
TENN. STATE
DIVISION OF CORPORATION
21 MAR 31 PM 12:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exceletech Coating and Applications, 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:

Laurence Muzia

Name of Person

Exceletech Coating and Applications, LLC

Firm/Company

221 N Highway 27 Suite 1

Address

Clermont, Florida 34711

City/State and Zip Code

donna@excelcoatings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Painter

352 227-3476

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

21 MAR 31 PM 12:20

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

SECRET
DIVISION OF

21 MAR 3 12:20

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Executive VP	Benjamin Muzia	236 Country Lakes Circle Groveland, FL 34736	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP of Oper.	Todd Newman	219 Glenridge Loop South, Lakeland, FL 33809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE
OF CONNECTICUT
COUNTY OF _____

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 25th 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee