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DIVISION OF CORPORATIONS
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B. KOHR

OCT 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brevard Installation Svcs, LLC
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
09 OCT 26 AM 8:23

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

Please return all correspondence concerning this matter to the following:

Adam Kelderhouse
Name of Person

Brevard Installation Svcs, LLC
Firm/Company

5585 Fairbridge Street
Address

Cocoa, Florida 32927
City/State and Zip Code

AKelderhouse@cfllr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Kelderhouse at (321) 652-6936
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

Brevard Installation Services, LLC

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DIVISION OF CORPORATIONS

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>
MGR	Robert A. Ladd	5400 Fruitport Street Cocoa, FL 32927	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Oct. 16, 2009

Adam Kelderhouse

Signature of a member or authorized representative of a member

Adam J. Kelderhouse

Typed or printed name of signee