

LD3000055020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 JAN - 8 PM 1:11

C. LEWIS
JAN 9 2013
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Miller's Tree Service, 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:

Drew Miller

Name of Person

Miller's Tree Service

Firm/Company

4951 Woodlane Cr

Address

Tallahassee, FL 32303

City/State and Zip Code

clay@millertreesrv.com

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

For further information concerning this matter, please call:

Clay Culpepper

Name of Person

at **850 566-3881**

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

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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	Bryan Wilson	4951 Woodlane Cr	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

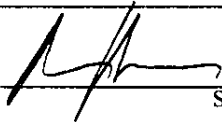
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CORPORATIONS

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Dated _____, _____.

X



Signature of a member or authorized representative of a member

Drew Miller

Typed or printed name of signee

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Filing Fee: \$25.00