

LD40000073502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

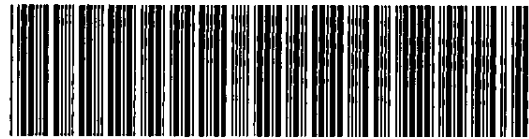
Special Instructions to Filing Officer:

L. SELLERS

DEC - 1 2010

EXAMINER

Office Use Only



600185372036

11/23/10--01007--006 **25.00

FILED
10 NOV 29 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

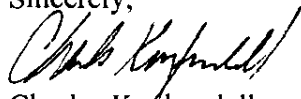
Charles Kuykendall
4101 NW Expressway 16304
Oklahoma City, OK 73116

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Sellers,

Enclosed, please find a check in the amount of \$138.75 for C&H K Florida, LLC.
Thank you for your help in this matter.

Sincerely,



Charles Kuykendall



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2010

C & H FLORIDA, LLC
P.O. BOX 71
PALM BEACH, FL 33480

SUBJECT: C & H FLORIDA, L.L.C.
Ref. Number: L04000073502

We have received your document for C & H FLORIDA, L.L.C. and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstate the limited liability company at this time is \$416.25.

Please include an additional \$5.00 for each certificate of status requested (optional).

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00002840



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

C.H. KUYKENDALL
4101 NW EXPRESSWAY 16304
OKLAHOMA CITY, OK 73116

SUBJECT: C & H FLORIDA, L.L.C.
Ref. Number: L04000073502

*\$138.75
Pending to
my attention*

We have received your document for C & H FLORIDA, L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This office has now received all fees due to reinstate C & H FLORIDA, LLC however, the reinstatement form was not returned to this office. We also received the amendment to change the name but no money for that filing. The name change amendment is \$25.00. Enclosed is a blank reinstatement form that needs to be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00016714

RECEIVED

OCT 26 2010

COVER LETTER

W10-32465

**TO: Registration Section
Division of Corporations**

SUBJECT: C & H Florida, 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:

C. H. KUYKENDALL

Name of Person

C & H Florida, LLC

Firm/Company

4101 NW EXPRESSWAY 16304

Address

OKLAHOMA CITY, OK 73116

City/State and Zip Code

CFKUYKENDALL@ATT.NET

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

For further information concerning this matter, please call:

C. H. KUYKENDALL

Name of Person

at (**405**)

843-7053

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

1/29/10 01039/006

\$277.50

OF

(A Florida Limited Liability Company)

Florida document number L04000073502

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C & H K Florida, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Not applicable.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Not applicable.

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Not applicable.

New Registered Office Address:

Not applicable.

Enter Florida street address

_____, Florida

City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>
	Not applicable.		<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.)

Not applicable.

Dated _____, _____


Signature of a member or authorized representative of a member

C. H. KUYKENDALL

Typed or printed name of signee