

L05000008247

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(City/State/Zip/Phone #)

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10 AUG 25 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller Construction of North 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:

Michael Miller
Name of Person

Miller Construction of North FL, LLC
Firm/Company

5465 Sand Lake Dr.
Address

Melbourne, FL 32934
City/State and Zip Code

VROUM123 @ YAHOO. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Miller at (321) 684-1343
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

Miller Construction of North Florida, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

mm

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	Wayne Armstrong	2172 SANDALWOOD DRIVE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	William Armstrong	210 SUTTON STREET ROCKLEDGE, FL 32955	<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

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

Dated _____,

Michael E Miller
Signature of a member or authorized representative of a member
Michael E Miller
Typed or printed name of signee