

L05000062995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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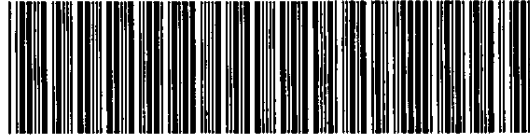
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
MAR 16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUCCO CREATIONS 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:

NICK FANELLA

Name of Person

NR FANELLA AND CO INC

Firm/Company

434 TANGLEWOOD DR

Address

FORT WALTON BEACH FL 32547

City/State and Zip Code

NFANELLA@COX.NET

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

For further information concerning this matter, please call:

NICHOLAS R FANELLA

850 862-7131
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DEPT. OF STATE
FALLS CHURCH, VA

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM F MCTEAR	1846 BREADEN CIRCLE	☐ Add
		BAKER FL 32531	☒ Remove
			☐ Change
			☐ Add
			☒ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Change

2016 MAR 14
11:11 AM
STATE OF FLORIDA
DEPARTMENT OF
TRANSPORTATION
SAFETY DIVISION

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

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DELAWARE COUNTY, PA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 10, 2016

Carey R. Hunt

Signature of a member or authorized representative of a member

CARL E RIETHBAUM

Typed or printed name of signee