

L 06000013745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LRN 213344

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHERN CROSS CONTRACTING SERVICES 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:

ALAN KIBBE

Name of Person

SOUTHERN CROSS CONTRACTING SERVICES LLC

Firm/Company

1272 LAUREL DRIVE

Address

N FT MYERS, FL 33917

City/State and Zip Code

HEATH0319@AOL.COM

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

For further information concerning this matter, please call:

ALAN KIBBE

Name of Person

at **(239) 322-0045**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SOUTHERN CROSS CONTRACTING SERVICES LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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:	NOAH J KIBBE	1272 LAUREL DRIVE	<input checked="" type="checkbox"/> Add
		N FT MYERS, FL 33917	<input type="checkbox"/> Remove
AMBR	ALAN J KIBBE	1272 LAUREL DRIVE	<input type="checkbox"/> Add
		N FT MYERS, FL 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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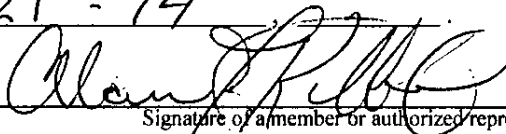
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7 - 21 - 14



Signature of a member or authorized representative of a member

ALAN J KIBBE

Typed or printed name of signee

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Filing Fee: \$25.00

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