

L060000/6287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

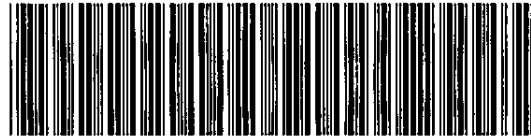
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 819 SOUTH KING'S HIGHWAY, 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:

RUNO SMITH

Name of Person

819 SOUTH KING'S HIGHWAY, LLC

Firm/Company

2200 CORPORATE DRIVE

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

RSMITH@HERITAGEFLOORING.COM

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

For further information concerning this matter, please call:

RUNO SMITH

Name of Person

561 424-9090

at ()
Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

819 SOUTH KING'S HIGHWAY, LLC

(A Florida Limited Liability Company)

Page 1 of 3

If attending 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>
AMGR	SMITH, BRIAN	2200 CORPORATE DRIVE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 _____

Runo Smith

Signature of a member or authorized representative of a member

RUNO SMITH

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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