

LO6 0000 37 819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

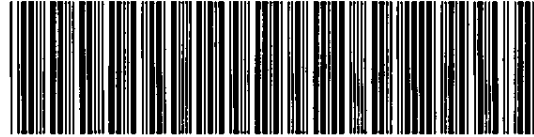
(Business Entity Name)

(Document Number)

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SEALING STATE
TALLAHASSEE, FLORIDA

J. S. Sivers JAN 09 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIRPLIANCE, 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:

ROBBIE N EMRICH

Name of Person

AIRPLIANCE, LLC

Firm/Company

602 BURNS LANE

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

ROB@AIRPLIANCE.COM

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

For further information concerning this matter, please call:

ROB EMRICH

Name of Person

at 863 969-9021

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

AIRPLIANCE, LLC

Page 1 of 3

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>
MGRM	KIM EDWARD YATES	1421 4TH STREET	<input type="checkbox"/> Add
		ST CLOUD, FL 34769	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECTION 1
JAN - 7
JAN 13
JAN 13

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)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated **JANUARY 3**, **2014**



Signature of a member or authorized representative of a member

Robbie N. Emrich, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE
TALLAHASSEE FLORIDA