

L06000039132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

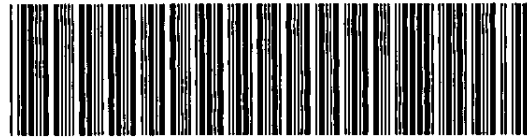
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2014

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D & P Concessions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Reid

Name of Person

Firm/Company

3909 Lake Padgett Drive

Address

Land O Lakes, FL 34639

City/State and Zip Code

P5Reid@aol.com

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

For further information concerning this matter, please call:

Peggy Reid

813 235-8333

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

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	Donnald Reid	3909 Lake Padgett Drive	<input type="checkbox"/> Add
		Land O Lakes, FL 34639	<input checked="" type="checkbox"/> Remove
AMBR	Donnald Reid	3909 Lake Padgett Drive	<input checked="" type="checkbox"/> Add
		Land O Lakes, FL 34639	<input type="checkbox"/> Remove
MGR	Peggy Reid	3909 Lake Padgett Drive	<input checked="" type="checkbox"/> Add
		Land O Lakes, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 November 2014

Donald Reid

Signature of a member or authorized representative of a member

Donald Reid

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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