

LD6000040578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

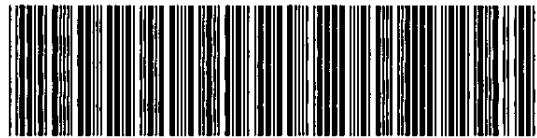
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500162476735

11/05/09--01009--020 **25.00

FILED
09 NOV -5 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Window & Glass, 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:

Jeffrey Demers
Name of Person
Atlantic Window & Glass, LLC
Firm/Company
6900 Cypress Spring Court
Address
St. Augustine, FL 32086
City/State and Zip Code
mdemersfl@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Demers at (904) 669-7846
Name of Person Area Code & Daytime Telephone Number

FILED
09 NOV -5 AM 11:46
SECRETARY OF STATE
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

Atlantic Window & Glass, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
Secretary	Melody Demers	6900 Cypress Spring Court St. Augustine, FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated November 3, 2009

Melody Demers
Signature of a member or authorized representative of a member

Jeffrey Demers
Typed or printed name of signee

FILED
09 NOV -5 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA