

207000016881

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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A. LUNT

JAN 21 2010

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2010 JAN 19 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED SEPTIC 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:

HAROLD BUCKINGHAM
Name of Person

ADVANCED SEPTIC, LLC.
Firm/Company

3110 REED RD
Address

DADE City FL. 33523
City/State and Zip Code

HBUCKINGHAM@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAROLD BUCKINGHAM at (352) 424-3249
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ADVANCED SEPTIC, LLC.

A-ABLE SEPTIC, LLC.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDA BUCKINGHAM	31110 REED RD DADE CITY FL 33523	<input type="checkbox"/> Add <input checked="" 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 _____, _____

Harold Buckingham

Signature of a member or authorized representative of a member

HAROLD BUCKINGHAM

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE FLORIDA