

✓
L08000038718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 NOV 25 PM 12:54
FALLAPASS, IL 60130

B. POSTICK
DEC - 2 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solid Rock Construction Group 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:

JAMES ROADMAN
Name of Person
Solid Rock Construction Group LLC
Firm/Company
19126 DOVE CREEK DRIVE
Address
Tampa, FL 33647
City/State and Zip Code
solidrockconstruction@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES ROADMAN at (813) 345-1288
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

FILED
TALLAHASSEE, FL
JAN 11 2013

2013 NOV 25 PM 12:54

Solid Rock Construction Group LLC

The Articles of Organization for this Limited Liability Company were filed on 11/22/13 and assigned Florida document number L08000038718.

N/A

N/A

N/A

410

Na

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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>
MGRM	ZACHARY LONG	19126 DOVE CREEK DR.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647.	<input type="checkbox"/> Remove
			<input 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.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

BRIAN L. RAULERSON

Typed or printed name of signee

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Filing Fee: \$25.00

TALAHASSEE, FL 32301

2019 NOV 25 PM 12:54