

L08000066630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

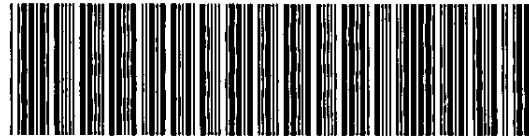
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265720605

10/24/14--01031--003 **60.00

FILED
14 OCT 24 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 28 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Perimeter Glass

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:

Melissa Crews

Name of Person

Perimeter Glass

Firm/Company

10615 Tholie Crews Road

Address

Sanderson, FL 32087

City/State and Zip Code

PerimeterGlass@yahoo.com

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

For further information concerning this matter, please call:

Melissa Crews

at (**904**) **259-4877**

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

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> |
|--------------|-------------------|---------------------------|--------------------------------------------|
| AMBR | Christopher Crews | 10615 Tholie Crews Road | <input type="checkbox"/> Add |
| | | Sanderson, FL 32087 | <input checked="" type="checkbox"/> Remove |
| AMBR | Forest Agee | 21549 Thannie Harvey Road | <input checked="" type="checkbox"/> Add |
| | | Sanderson, FL 32087 | <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 |

14 OCT 24 PM 6:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

Please remove Christopher Crews as a member of the corporation and owner.

He is deceased. Give his 10% share to Forest Agee.

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 October 21, 2014



Signature of a member or authorized representative of a member

Melissa Crews, Registered Agent

Typed or printed name of signee

FILED
14 OCT 24 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA