

LO810000 75286

(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



600135080506

09/04/08--01027--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP - 4 AM 10:34

FILED

M. THOMAS

SEP - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENNETH GREEN, P.L.
(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:

PHILIP K. CLARKE, ESQ.

(Name of Person)

KASS SHULER SOLOMON SPECTOR FOYLE & SINGER P.A.

(Firm/Company)

PO BOX 800

(Address)

TAMPA, FL 33601

(City/State and Zip Code)

FILED
08 SEP - 4 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PHILIP K. CLARKE at (813) 229-0900 EXT. 1305
(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 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>
_____	_____	_____	<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
_____	_____	_____	

FILED
 09 SEP - 4 AM 10:34
 CLERK OF STATE
 TREASURY
 FLORIDA

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

Dated AUGUST 26, 2008.

Kenneth Green
 Signature of a member or authorized representative of a member

KENNETH GREEN
 Typed or printed name of signee