

LO9000014278

(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



300239885193

09/24/12 -01007--006 \*\*30.00

FILED  
12 OCT -3 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 3 - 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A J Prater & Son 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:

**Jason Prater**

Name of Person

**A J Prater & Son LLC**

Firm/Company

**720 NE 25th Ave**

Address

**Cape Coral, FL 33909**

City/State and Zip Code

**jason@ajpraterandson.com**

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

For further information concerning this matter, please call:

**Jason Prater**

Name of Person

at ( **239** )

**645-5678**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2012

JASON PRATER  
720 NE 25TH AVENUE  
CAPE CORAL, FL 33909

SUBJECT: A J PRATER & SON, LLC  
Ref. Number: L09000014278

We have received your document for A J PRATER & SON, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to State the Type of Action on the Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 412A00023923



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	Jason R. Prater	1101 NE 12th Ter Cape Coral, FL 33909	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			Remains On
MGRM	Danielle P. Prater	1101 NE 12th Ter Cape Coral, FL 33909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Roy W. Prater	2882 Cameron Cir FT MYERS FL 33912	<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

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

FILED  
12 OCT -3 PM 3:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dated September 19, 2012

Signature of a member or authorized representative of a member  
Jason R. Prater MGRM  
Typed or printed name of signee