

LO9000 032969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

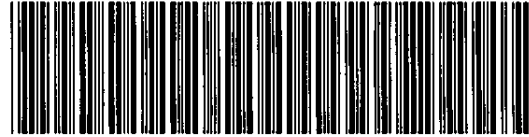
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
ATLANTA, GEORGIA

2014 AUG 22 PM 4: 09

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AUG 26 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discount Roofing of St Augustine 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:

Larry Langston

Name of Person

Discount Roofing of St Augustine llc

Firm/Company

1800 Brian Way

Address

St Augustine Florida 32084

City/State and Zip Code

Discountroofing1@yahoo.com

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

For further information concerning this matter, please call:

Larry Langston

Name of Person

904 3446199

at ()
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:

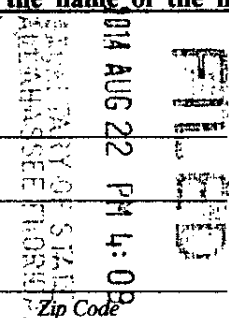
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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Discount Roofing of St Augustine llc

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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>
<u>mgr</u>	<u>Ricky a Ashley</u>	<u>4000 Benedict street</u>	☐ Add
		<u>Hastings Fl 32145</u>	☒ Remove
<u>mgr</u>	<u>Michael S Ausili</u>	<u>5290 Cypress links blvd</u>	☒ Add
		<u>Elkton Fl 32033</u>	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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STATE OF FLORIDA
DEPT. OF REVENUE
TAXATION DIVISION

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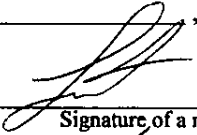
amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

8-21-14



Signature of a member or authorized representative of a member

Larry Langston

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA