

LD9000038844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

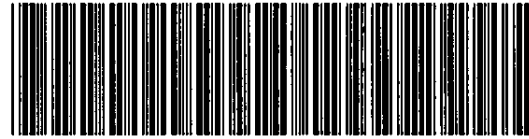
(Document Number)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

MAY 23 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & L Trucking and Excavating 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:

Paul Revels  
Name of Person

D & L Trucking and Excavating LLC  
Firm/Company

8670 W Avenue B  
Address

Ft Pierce, FL 34945  
City/State and Zip Code

d1truckingpaul@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Revels at ( 772 ) 370-3345  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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D & L Trucking and Excavating LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>                   |
|--------------|-------------|-----------------|-----------------------------------------|
| mGR          | Paul Revels | 8670 W Avenue B | <input checked="" type="checkbox"/> Add |
|              |             | Ft Pierce, FL   | <input type="checkbox"/> Remove         |
|              |             | 34945           |                                         |
|              |             |                 | <input type="checkbox"/> Add            |
|              |             |                 | <input type="checkbox"/> Remove         |
|              |             |                 | <input type="checkbox"/> Add            |
|              |             |                 | <input type="checkbox"/> Remove         |
|              |             |                 | <input type="checkbox"/> Add            |
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|              |             |                 | <input type="checkbox"/> Remove         |

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

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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 May 9, 2014.



Signature of a member or authorized representative of a member

Paul Revels

Typed or printed name of signer

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Filing Fee: \$25.00

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