

# LO9000049513

10:36:37 am.

10-27-2011

1 / 4

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ARS & ASSOCIATES INC  
Account Number : I20110000073  
Phone : (605) 653-7350  
Fax Number : (605) 653-5205

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ROB@ARSACCOUNTING.COM

RECEIVED  
11 OCT 27 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE MEN OF PKG, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help B. BOSTICK  
OCT 28 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE MEN OF PKG 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:

**ROB SOCOL**

Name of Person

**ARS & ASSOCIATES INC**

Firm/Company

**20810 WEST DIXIE HIGHWAY**

Address

**NORTH MIAMI BEACH, FL 33180**

City/State and Zip Code

**ROB@ARSACCOUNTING.COM**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**ROB SOCOL**

Name of Person

at ( 305 )

**653-7350**

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



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>
MGR	WILLIAM FORD	20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DARRELL STENSON	20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	<input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10/27, 2011.



Signature of a member or authorized representative of a member

WILLIAM FORD

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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