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TALLAHASSEE, FLORIDA

D. BRUCE

AUG 27 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ekberg Floor & Wall Solutions, 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:

**Daniel A. Ekberg**

Name of Person

**Ekberg Floor & Wall Solutions, LLC**

Firm/Company

**P.O. Box 1052**

Address

**Sorrento, FL 32776**

City/State and Zip Code

**dekberg@ekbergstucco.com**

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

For further information concerning this matter, please call:

**Daniel A. Ekberg**

Name of Person

at ( **407** )

**948-1918**

Area Code & Daytime Telephone Number

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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

**Ekberg Floor & Wall Solutions, LLC**

(A Florida Limited Liability Company)

**Ekberg Stucco, LLC**

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>
MGRM	Daniel A. Ekberg	33405 Terragona Dr. Sorrento, FL 32776	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jeanette M. Ekberg	33405 Terragona Dr. Sorrento, FL 32776	<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 22 August, 2009

*Daniel A. Ekberg*

Signature of a member or authorized representative of a member

Daniel A. Ekberg

Typed or printed name of signee

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