

LD9000109928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

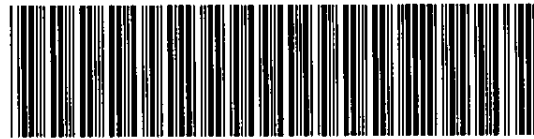
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 JAN 17 AM 10:40

C. LEWIS

JAN 15 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2013

SAMUEL S JOHNSON / SAMUEL S. JOHNSON LLC
3354 CAT BRIER TRAIL
HARMONY, FL 34773

SUBJECT: BTU SALES, LLC
Ref. Number: L09000109928

We have received your document for BTU SALES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00000277

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BTU SALES 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:

SAMUEL S JOHNSON

Name of Person

SAMUEL S JOHNSON LLC

Firm/Company

3354 CAT BRIER TRAIL

Address

HARMONY FL 34773

City/State and Zip Code

SSJOHNSON@GMAIL.COM

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

For further information concerning this matter, please call:

SAMUEL S JOHNSON

Name of Person

at (**859**) **252-1640**

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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DIVISION OF CONCORDANCE

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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|----------------------|--|
| MGRM | SAMUEL S JOHNSON | 3354 CAT BRIER TRAIL | <input type="checkbox"/> Add |
| | | HARMONY FL 34773 | <input type="checkbox"/> Remove |
| MGR | LAURA L JOHNSON | Deceased | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

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

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2013 JAN 17 AM 10:41

Dated December 20, 2012.



Signature of a member or authorized representative of a member

Samuel S. Johnson

Typed or printed name of signee

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Filing Fee: \$25.00