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12 JUN - 6 PM 3:00  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JOHN P M CLOUGHLIN, 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:

JOHN P M CLOUGHLIN  
Name of Person

JOHN P M CLOUGHLIN LLC  
Firm/Company

20 N. CREEK LANE  
Address

OSPREY FL 34229  
City/State and Zip Code

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

12 JUN -6 PM 3:04

For further information concerning this matter, please call:

JOHN M CLOUGHLIN at (941) 966-7529  
Name of Person 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	ADAM MIRENDA	20 N. CREEK LANE OSPREY, FL 34229	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated JUN 4, 2012.

*John P. McLaughlin*  
 Signature of a member or authorized representative of a member  
JOHN P. McLOUGHLIN  
 Typed or printed name of signee