

L09000110381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

N

Office Use Only



300235683523

06/06/12--01006--015 **60.00

12 JUN -6 PM 3:00
RECEIVED
FILING OFFICE
JUN 6 2012

B. KOHR
JUN - 7 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOHN P MCLOUGHLIN, 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 MCLOUGHLIN
Name of Person
JOHN P MCLOUGHLIN LLC
Firm/Company
20 N. CREEK LANE
Address
OSPREY FL 34229
City/State and Zip Code
emccloughlin@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 MCLOUGHLIN 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

JOHN P. MCLOUGHLIN, LLC

12 JUN -6 12:30 PM

Page 1 of 2

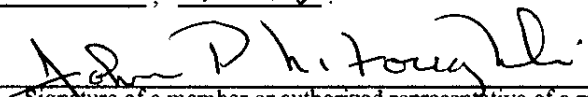
- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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.


 Signature of a member or authorized representative of a member
JOHN P McLOUGHLIN
 Typed or printed name of signee