

L100000 413/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

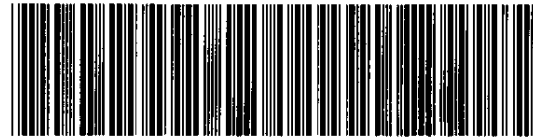
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 21 AM 11:01

T. HAMPTON

JUL 22-2010

EXAMINER

COVER LETTER

**TO: . . Registration Section
Division of Corporations**

SUBJECT: POPINJAY 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:

RICHARD DeVoe
Name of Person

POPINJAY LLC
Firm/Company

10223 PALERMO CIR # 301
Address

TAMPA FL 33619
City/State and Zip Code

ELITEFEETDD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD DeVoe at (813) 410-3743
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

POPINJAY 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


Title	Name	Address	Type of Action
MGRM	KELLY M PORTER	23529 BELLAIRE LP LAND O LAKES FL 34639	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES G PORTER	23529 BELLAIRE LP LAND O LAKES FL 34639	<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.)

EIN: 27-2367892

FILED
10 JUL 21 AM 11:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated _____


Signature of a member or authorized representative of a member
RICHARD W DEVOS
Typed or printed name of signee