

L10000 79635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

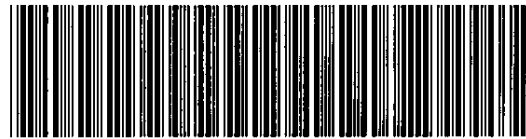
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPSTONE BUILDING & MAINTENANCE, 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:

Carol Graham

Name of Person

CAPSTONE BUILDING & MAINTENANCE, LLC

Firm/Company

20537 Amberfield Drive

Address

Land O Lakes, FL 34638

City/State and Zip Code

cgraham@prutropical.net

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carol Graham

Name of Person

at (813)

712-3837

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

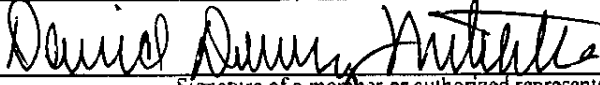
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

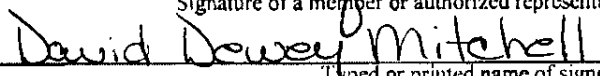
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Dewey Mitchell	8600 State Road 54 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Allen Scott Crumbley	18011 Panicum Court New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gary W. Resmondo	1801 Isleworth Court Oldsmar, FL 34677	<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

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated _____


 Signature of a member or authorized representative of a member


 Typed or printed name of signee