

L1 0000095885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L1-95885

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Chris
AUTHOR
CORPORATION #B d mgrm's
DATE 10/6/10
JDC. EOW.

Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT - 6 PM 4: 09

N. Culligan UCI - 6 2010.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K & K Contracting
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:

Kerri Lowery and Chris McCormick
Name of Person

Firm/Company

1001 Lingo Circle
Address

Orlando FL 32765
City/State and Zip Code

~~Kerri Lowery~~ Kerri Lowery@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerri Lowery or Chris McCormick at (321) 356-1810 / 386-868-8480
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2010

KORRI LOWERY
1001 LINGO CIRCLE
OVIEDO, FL 32765

SUBJECT: K & K CONTRACTING L.L.C.
Ref. Number: L10000095885

We have received your document for K & K CONTRACTING L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can be the Registered Agent.

The title(s) you have listed for the manager(s) or manager member(s) is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00023674

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DIVISION OF CORPORATIONS

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

Florida 32745
Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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>
mgrm	Korri Lowery	1001 Lingo Circle Wileto, RI 02895	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	Chris McCormick	906 Rich Dr Wileto, RI 02895	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	Laurie McCormick		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Winsome Clarke		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated _____

Korri Lowery / Christopher McCormick
Signature of a member or authorized representative of a member

Korri Lowery CHRISTOPHER MCCORMICK
Typed or printed name of signee

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DIVISION OF CORPORATION
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