

L1000012389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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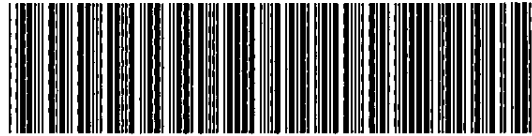
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Done Right Construction and Demolition LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Harold C. Mckeown II

(Contact Person)

Done Right LLC

(Firm/Company)

PO Box 1083

(Address)

Crystal River Fl. 34423

(City/State and Zip Code)

For further information concerning this matter, please call:

Harold C. Mckeown II

(Name of Contact Person)

at (352) 795-6106

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATE
TALLAHASSEE, FLORIDA

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	Kim Taylor	KIM TAYLOR PO BOX 2026 BELLEVIEW FL 34421	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Wayne Taylor	WAYNE TAYLOR PO BOX 1528 SUMMERFIELD FL 34492	<input type="checkbox"/> Add <input checked="" 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 Dec. 28th, 2011.

Harold C. McKeown II
Signature of a member or authorized representative of a member

Harold C. McKeown II
Typed or printed name of signee

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TALLAHASSEE, FLORIDA