

LI 000050637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

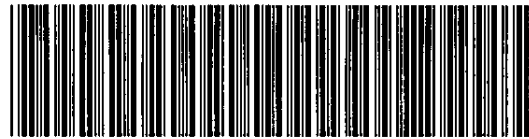
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2013
T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PJ DOLANS IRISH PUB "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:

Mark J Birkin

Name of Person

Firm/Company

13807 Shady Shores Drive

Address

Tampa, FL 33613

City/State and Zip Code

markjbirkin@gmail.com

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

For further information concerning this matter, please call:

Mark J Birkin

Name of Person

at **480 818-2337**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

PJ DOLANS IRISH PUB "LLC"

Page 1 of 3

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	MICHAEL N SMALL	910 WHITAKER ROAD	<input type="checkbox"/> Add
		LUTZ, FL 33549	<input checked="" type="checkbox"/> Remove
MGR	Mark J Birkin	13807 Shady Shores Drive	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 13, 2013.



Signature of a member or authorized representative of a member

MGR MARK W GARDINER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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