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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 7 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MILSMAYO, 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:

Christopher A. Roche

Name of Person

Law Office of Christopher A. Roche

Firm/Company

229 N. Collier Boulevard

Address

Marco Island, FL 34145

City/State and Zip Code

CROCHE@MARCOCABLE.COM

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

For further information concerning this matter, please call:

Christopher A. Roche

Name of Person

at ( 239 ) 389-0700

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

MILSMAYO, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mils Mayo	410 N. Madison Street Marshall, MI 49068	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Linda Shouldice	235 N. Collier Boulevard Marco Island, FL 34145	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated December 30<sup>th</sup>, 2011

Mils Mayo  
Signature of a member or authorized representative of a member  
Mils Mayo, Sole Member and Managing Member  
Typed or printed name of signee