

L11000 112752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

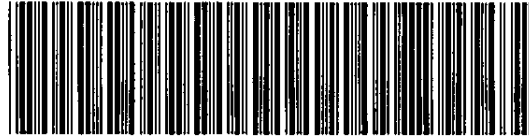
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2015
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEANSIDE TILE INSTALLATIONS, 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:

Name of Person

PETER MAKKIS CPA
Firm/Company

2110 DREW STREET
Address

CLEARWATER, FL 33765
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

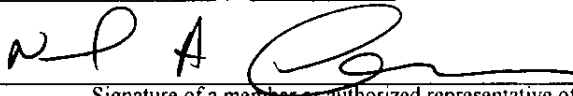
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NICHOLAS ANNENDS	2691 SABLE SPRINGS CIR, STE 103	<input type="checkbox"/> Add
		CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Remove
MANAGER	NICHOLAS ANNENDS	2691 SABLE SPRINGS CIR, STE 103	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33761	<input type="checkbox"/> Remove
MANAGER	NAY N. MARTIN	3300 36 th ST. N.	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Remove
AMBR	NAY N. MARTIN	3300 36 th ST. N.	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33713	<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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3-5-2015



Signature of a member or authorized representative of a member

Nicholas A Annen

Typed or printed name of signee