

L11000115744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

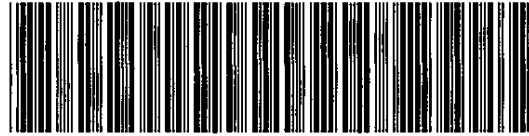
Special Instructions to Filing Officer:

**A. LUNT**

OCT 15 2012

**EXAMINER**

Office Use Only



300240546753

300240546753  
10/12/12--01030--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT 12 PM 2:28

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MENEFEE PRO FINISHERS, 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:

JAMES E BARNES

Name of Person

JAMES BARNES

Firm/Company

5426 SWANNER RD

Address

MILTON, FL 32570-4088

City/State and Zip Code

BARNESJ872@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JAMES BARNES

Name of Person

at ( 850 )

623-2622

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

2012 OCT 12 PM 2:28

FILED

**MENEFEE PRO FINISHERS, LLC**

(A Florida Limited Liability Company)

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	MICHAEL S. DAVIS	7499 JOHN MATTHEWS RD MILTON, FL 32583	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated OCTOBER 8, 2012.

Jeremy Meneff  
Signature of a member or authorized representative of a member  
JEREMY MENEFF  
Typed or printed name of signee

FILED  
2012 OCT 12 PM 2:28  
RECEIVED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE