

LI2000 D61235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

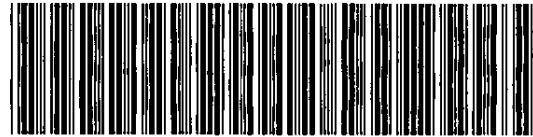
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 27 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2014

PAUL BEATTIE  
1213 CAPE CORAL PKWY E.  
CAPE CORAL, FL 33904

SUBJECT: TRADEWIND CUSTOM CABINETRY, LLC  
Ref. Number: L12000061235

We have received your document for TRADEWIND CUSTOM CABINETRY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P10000017186.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 414A00005915

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tradewind Custom Cabinetry 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:

**Paul Beattie**

Name of Person

**Creative Cabinet Solutions LLC**

Firm/Company

**1213 Cape Coral Pky. E.**

Address

**Cape Coral, FL 33904**

City/State and Zip Code

**paul@beattiedev.com**

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

For further information concerning this matter, please call:

**Paul Beattie**

Name of Person

**239 851-5203**

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

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TALLAHASSEE, FLORIDA

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Tradewind Custom Cabinetry LLC

The Articles of Organization for this Limited Liability Company were filed on 5/7/2012 and assigned  
Florida document number **L12000061235**

## Creative Cabinet Solutions Of SWFL LLC

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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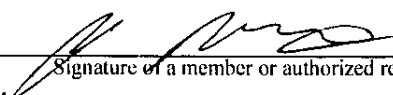
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Paul Beattie**  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE FLORIDA