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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : METRO BUSINESS AGENCY, INC.
Account Number : I20080000101
Phone : (239) 466-8600
Fax Number : (239) 275-0865

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORT MYERS BOAT REPAIR WELDING & CREATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

12 JUN 14 PM 3:51

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TALLAHASSEE, FLORIDA

FROM metro business agency

(THU) JUN 14 2012 15:17/ST. 15:17/No. 9160170973 P 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT MYERS BOAT REPAIR WELDING & CREATIONS 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:

MARTHA M COLOMA

Name of Person

ALL FLORIDA FINANCIAL LLC

Firm/Company

2315 BRUNER LN UNIT A

Address

FORT MYERS, FL 33912

City/State and Zip Code

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

For further information concerning this matter, please call:

MARTHA M COLOMA

Name of Person

at (239)

995-7500

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

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	ELIAS T DA SILVA	3802 HANSON AVE UNITS 7 & 8 FORT MYERS, FL 33916 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ELIAS P DA SILVA	3802 HANSON AVE UNITS 7 & 8 FORT MYERS, FL 33916 US	<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.)

Dated 6-14-2012

Maria L da Silva
Signature of a member or authorized representative of a member

MARIA L DA SILVA, MGRM
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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