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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Couch Aggregates 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:

R. Eugene Clenney, Jr., Esq.

\_\_\_\_\_  
Name of Person

Johnston, Hinesley, Flowers, Clenney & Turner, P.C.

\_\_\_\_\_  
Firm/Company

291 North Oates Street

\_\_\_\_\_  
Address

Dothan, Alabama 36303

\_\_\_\_\_  
City/State and Zip Code

gclenney@jhfc-law.com

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

For further information concerning this matter, please call:

R. Eugene Clenney, Jr., Esq.

334 793-1115  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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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## Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Steven D. Shaw	108 Springwater Way	<input checked="" type="checkbox"/> Add
		Dothan, AL 36305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Phillip W. Creel	143 Legend Lakes Dr.	<input checked="" type="checkbox"/> Add
		Panama City Beach, FL 32411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rodney H. Greenway	695 Sioux Circle	<input type="checkbox"/> Add
		Crestview, FL 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan T. Holloway	369 N. Main St.	<input type="checkbox"/> Add
		Crestview, FL 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 31, 2017

(X) St W. Shan

Signature of a member or authorized representative of a member

Steven D. Shaw

Typed or printed name of signee