

212000081914

(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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APR 13 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2017

ROBERT TILKA  
3584 TRIDENT CT  
JACKSONVILLE, FL 32250

SUBJECT: WORKS OF B&B, LLC  
Ref. Number: L12000081914

We have received your document for WORKS OF B&B, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 917A00006163

2017 APR 13 AM 11:38  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WORKS OF B & B, 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:

ROBERT C TILKA

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

WORKS OF B & B, LLC

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

3584 TRIDENT CT

\_\_\_\_\_  
Address

JACKSONVILLE BEACH, FL 32250

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

BTILKA@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT C TILKA

904 465-5280  
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)

\* \$35.00 CHECK ALREADY RECEIVED BY  
FL DEPT OF CORPORATIONS (see attached letter)

**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



**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>
MGR	MAXWELL R TILKA	3584 TRIDENT CT	<input type="checkbox"/> Add
		JACKSONVILLE BEACH, FL	<input checked="" type="checkbox"/> Remove
		32250	<input type="checkbox"/> Change
MGR	DUNCAN A TILKA	3584 TRIDENT CT	<input type="checkbox"/> Add
		JACKSONVILLE BEACH, FL	<input checked="" type="checkbox"/> Remove
		32250	<input type="checkbox"/> Change
MGR	BARBARA R TILKA	3584 TRIDENT CT	<input checked="" type="checkbox"/> Add
		JACKSONVILLE BEACH, FL	<input type="checkbox"/> Remove
		32250	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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:** 01/01/2017 (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**

04/08/17

Signature of a member or authorized representative of a member

ROBERT C TILKA

Typed or printed name of signee