

L12000087956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

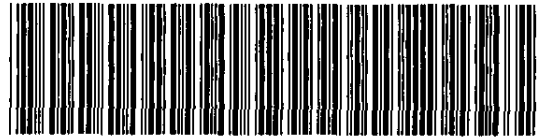
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 27 PM 4:15

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JUN 30 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WOOD-TECH BUILDERS + DESIGN 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:

RANDALL LEFEVERS  
Name of Person

WOOD-TECH BUILDERS + DESIGN LLC  
Firm/Company

544-101<sup>ST</sup> AVE. N.  
Address

NAPLES FL 34108  
City/State and Zip Code

RLWOODTECH@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDALL LEFEVERS at (239) 860-8123  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2014

RANDALL LEFEVERS  
544-101ST AVE N  
NAPLES, FL 34108

SUBJECT: WOOD-TECH BUILDERS & DESIGN LLC  
Ref. Number: L12000087956

We have received your document for WOOD-TECH BUILDERS & DESIGN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 714A00012859

WOOD TECH BUILDERS & DESIGN LLC

Page 1 of 3

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>                   |
|--------------|---------------|-------------------|---|
| MGR          | CRAIG BARRERO | 3586 CROTON RD    | <input checked="" type="checkbox"/> Add |
|              |               | NAPLES, FL. 34104 | <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         |

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MILWAUKEE, FLORIDA

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

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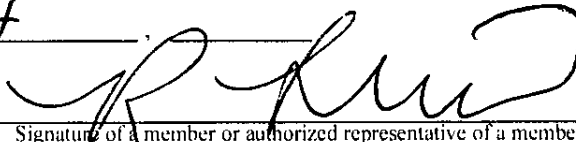
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E. Effective date, if other than the date of filing: 7-1-14 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-22-14



Signature of a member or authorized representative of a member

RANDALL LEFEVERS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA