

L13000011682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

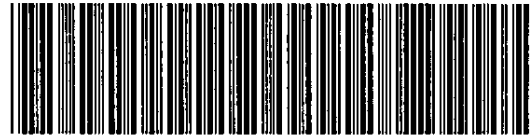
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 07 2012

D. BRUCE

COVER LETTER

TO: Registration Section /
Division of Corporations

SUBJECT: **Mike's AC, 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:

Michael Leonardi

Name of Person

Mike's AC, LLC

Firm/Company

9860 S Thomas Drive #1501

Address

Panama City Beach, FL 32408

City/State and Zip Code

mikesacllc@gmail.com

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

For further information concerning this matter, please call:

Stacey Kiaunis

Name of Person

at **850 200-5026**

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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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>
MGRM	Stacey Kiaunis	274 W Kennemur Dr	<input type="checkbox"/> Add
		Defuniak Springs, FL	<input checked="" type="checkbox"/> Remove
		32433	
MGRM	Michael J. Leonardi	9860 S. Thomas Drive	<input checked="" type="checkbox"/> Add
		#1501	<input type="checkbox"/> Remove
		Panama City Beach, FL 32408	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
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FILE

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

Dated

02-02-2013, 2013.

Signature of a member or authorized representative of a member

Stacey Kiaunis

Michael J. Leonardi

Typed or printed name of signee

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Filing Fee: \$25.00

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