

L130000050588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500258377465

04/07/14--01051--003 **30.00

FILED

14 APR -7 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVCO RENOVATIONS L.L.C.
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:

KEVIN DAVIDSON
Name of Person
DAVCO RENOVATIONS L.L.C.
Firm/Company
1020 ARTHUR AVE
Address
ORLANDO, FL. 32804
City/State and Zip Code
G.GALLAHER123@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN DAVIDSON at (407) 404-2503
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED
14 APR -7 AM 10:07
SEALING UNIT
TALLAHASSEE, FLORIDA
rds.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGRM	KEVIN DAVIDSON	1020 ARTHUR AVE	<input type="checkbox"/> Add
		ORLANDO, FL. 32804	<input checked="" type="checkbox"/> Remove
MGR	Scott SLANE	195 South St.	<input checked="" type="checkbox"/> Add
		FERN PARK, FL. 32730	<input type="checkbox"/> Remove
MGR	Gennie GALLAHER	195 South St.	<input checked="" type="checkbox"/> Add
		FERN PARK FL, 32730	<input type="checkbox"/> Remove
MGRM	REBEKAH DAVIDSON	1020 ARTHUR AVE	<input type="checkbox"/> Add
		ORLANDO, FL. 32804	<input checked="" 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.)*

KEEPING MANAGERS SCOTT SLANE + GENNIE GALLAHER

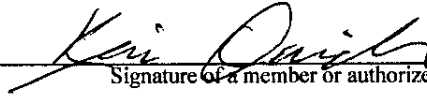
REMOVING MANAGERS KEVIN + REBEKAH DAVIDSON

E. Effective date, if other than the date of filing: _____ **(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

4/3/14



Signature of a member or authorized representative of a member

KEVIN DAVIDSON

Typed or printed name of signee