

LI3 000079691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

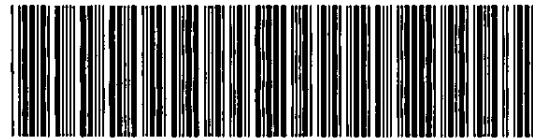
(Business Entity Name)

(Document Number)

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

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Office Use Only



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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **POWERS WOOD FLOORING 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:

**Jeremy Powers**

Name of Person

**POWERS WOOD FLOORING LLC**

Firm/Company

**616 Devon St**

Address

**Port Orange, FL 32127**

City/State and Zip Code

**hudia2@yahoo.com**

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

For further information concerning this matter, please call:

**Jeremy Powers**

Name of Person

at **(386) 675-8986**

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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**POWERS WOOD FLOORING LLC**

Page 1 of 3

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         | Joshua Powers | 5171 Taylor Ave       | <input checked="" type="checkbox"/> Add |
|              |               | Port Orange, FL 32127 | <input type="checkbox"/> Remove         |
|              |               |                       | <input type="checkbox"/> Add            |
|              |               |                       | <input type="checkbox"/> Remove         |
|              |               |                       | <input type="checkbox"/> Add            |
|              |               |                       | <input type="checkbox"/> Remove         |
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SECRET  
NO RELEASE  
13 OCT 31  
1410 37

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

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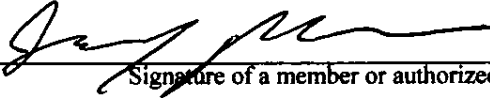
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Dated 10/17, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Jeremy Powers**  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA