

L13000100667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

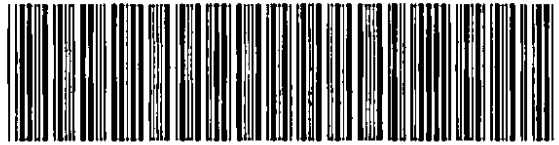
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 AUG 15 AM 11:32
SECTION OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Crest Construction, 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:

Scott Langlais

Name of Person

North Crest Construction, LLC

Firm/Company

3994 Origami LN

Address

Sarasota, FL 34236

City/State and Zip Code

nccsota@gmail.com

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

For further information concerning this matter, please call:

Scott Langlais

Name of Person

at (941)

Area Code

504-6617

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 AUG 15 AM 11:32

RECEIVED
DIVISION OF CORPORATIONS

North Crest Construction, LLC

Northcrest Construction & Design, LLC

3994 Origami LN
Sarasota, FL
34235

None

If Changing Registered Agent, Signature of New Registered Agent

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	Anna Marie Starr	3994 Origami LN	<input checked="" type="checkbox"/> Add
		Sarasota, FL	<input type="checkbox"/> Remove
		34235	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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22 AUG 15 AM 11:32
OFFICE OF THE
CLERK OF THE
COURT
JUDICIAL
BRANCH

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

1) Remove registered agent:

Langlais, Scott

422 Eagles Nest LN

Sarasota, FL 34243

* if a registered agent must be listed
then change the agent info to:

Langlais, Scott

3994 Origami LN

Sarasota, FL 34235

2) Change Authorized person address/details:

Langlais, Scott

3994 Origami LN

Sarasota, FL 34235

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DEPT. OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: Date of filing (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)(

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 August 11th, 2022.

Scott Langlais

Signature of a member or authorized representative of a member

Scott Langlais

Typed or printed name of signer