

L13000104981

(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

K. SALLY
EXAMINER
SEP 10 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2015

TSC COATINGS LLC
TIEN H LE
5556 YAHL ST, STE. A
NAPLES, FL 34109

SUBJECT: TSC COATINGS LLC
Ref. Number: L13000104981

We have received your document for TSC COATINGS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 915A00012307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSC Coatings 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:

Tien Le
Name of Person

TSC Coatings LLC
Firm/Company

5556 yahl st. ste. A
Address

Naples, FL 34109
City/State and Zip Code

Linh@360coatings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linh Lam at (239) 961-5380
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 &
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

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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	Tien Le	654 97 th ave. N. Naples, FL 34108	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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2. If amending any other information, enter change(s) here. (attach additional sheets, if necessary.)

Change Tien Le title: Authorized Representative

TO Correct Title: Tien Le Managing Member (MBR)

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E. Effective date, if other than the date of filing: N/A (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)(b)

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 9/2/15

Tien Le

Signature of a member or authorized representative of a member

Tien H. Le

Typed or printed name of signee