

L17000156878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

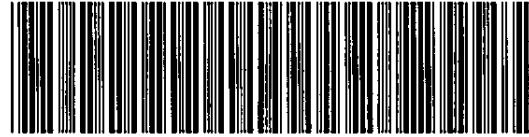
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mlh*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **G & F Stucco, 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:

**David J. Labovitz, Esq.**

Name of Person

**Labovitz Law Firm, P.A.**

Firm/Company

**545 Delaney Ave., Suite 4**

Address

**Orlando, FL 32801**

City/State and Zip Code

**jm\_plastering@msn.com**

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

For further information concerning this matter, please call:

**David J. Labovitz**

Name of Person

**407 970-8633**

at ( )

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

## Page 1 of 3

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

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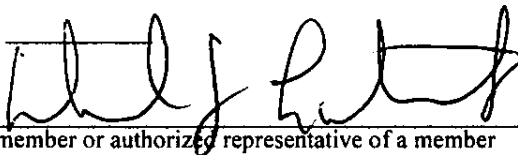
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Dated

11/8/13



Signature of a member or authorized representative of a member

David J. Labovitz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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