

613000157555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

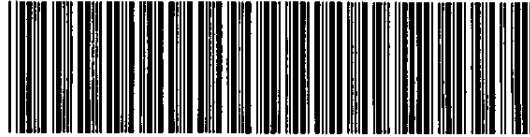
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers DEC 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AIR 360 HEATING & COOLING, 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:

RYAN J. MCMANUS

Name of Person

AIR 360 HEATING & COOLING, LLC

Firm/Company

3821 B TAMIAMI TRAIL #112

Address

PORT CHARLOTTE, FL 33952

City/State and Zip Code

RYAN@AAIR360HEATINGANDCOOLING.COM

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

For further information concerning this matter, please call:

RYAN J. MCMANUS

941 258-0460
at ()

Name of Person

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGMR	MASTNY, PATRICIA	1516 BOWLEES COVE	<input type="checkbox"/> Add
		BRADENTON, FL 34207	<input checked="" type="checkbox"/> Remove
MGMR	MCMANUS, RYAN	1130 BOUNDS ST	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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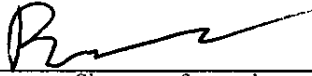
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 December 16th, 2014.



Signature of a member or authorized representative of a member

Ryan James McManus

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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