

L13000166893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

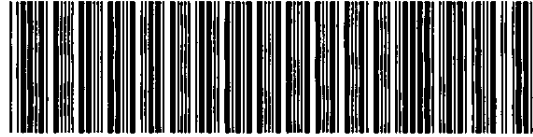
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 1:00

APR 16 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARK STAHL CARPENTRY 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:

MARK STAHL
Name of Person

MARK STAHL CARPENTRY LLC
Firm/Company

12597 DEEDER LANE
Address

JACKSONVILLE, FL 32258
City/State and Zip Code

SANDRALAXTON@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK STAHL at **(484) 888-4590**
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

MARK STAHL
12597 DEEDER LN
JACKSONVILLE, FL 32258

SUBJECT: MARK STAHL CARPENTRY LLC
Ref. Number: L13000166893

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

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 414A00008046

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DIVISION OF CORPORATIONS
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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>
MGR	MARK B STAHL	12597 DEEDER LANE JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	SANDRA J LAXTON	1120 KALMIA CT ST. JOHNS, FL 32259	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 4 15 14

Signature of a member or authorized representative of a member
mark stahl *mark stahl*

Typed or printed name of signer

ATT. Jenna A

MARK STAHL CARPENTRY LLC

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