

L13000176916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

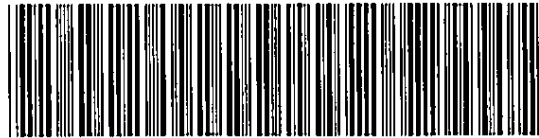
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/18--01029--018 **30.00

2018 OCT 29 PM 3:30
ST. LOUIS, MO
FBI

M. MILLIGAN

OCT 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & S RECYCLE FOR FREE 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:

DARRELL LAGRANT STRONG

Name of Person

C & S RECYCLE FOR FREE LLC

Firm/Company

P O BOX 11235

Address

TAMPA FL 33680

City/State and Zip Code

cnsrecycle@gmail.com

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

For further information concerning this matter, please call:

DARRELL LAGRANT STRONG

1-813 509-0939

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

2018 OCT 29 PM 3:04
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 | STRONG, LATOSHA M | 9242 DAYFLOWER DR TAMPA FL, 33647 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | STRONG, DARRELL L | 7120 BONITO ST TAMPA FL, 33617 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

(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)

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.

Darrell Strong
Signature of a member or authorized representative of a member

Darrell Strong
Typed or printed name of signer

2018 OCT 25 PM 0:30