

L14000009282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

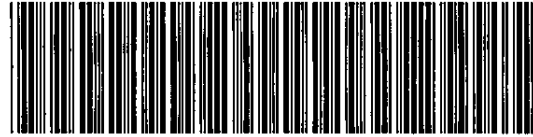
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2014

MICHAEL ODOM
475 SW DURANT ST
FT WHITE, FL 32038

SUBJECT: MICHAEL ODOM ERECTORS LLC
Ref. Number: L14000009282

We have received your document for MICHAEL ODOM ERECTORS 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00013395

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Odom Erectors 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:

Michael Odom
Name of Person

Michael Odom Erectors LLC
Firm/Company

475 SW Durant St FT White FL 32038
Address

For further information concerning this matter, please call:

Michael Odom at (386) 697-7384
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$50.00 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

P.O. BOX 6527
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section

Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Timothy S. Taylor	20780 S US Hwy 441	<input checked="" type="checkbox"/> Add
		High Springs Fl 32643	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)

10% stock holder

E. Effective date, if other than the date of filing: June 16 2014 (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 June 16th, 2014.

Michael Odom

Signature of a member or authorized representative of a member
Michael Odom

Typed or printed name of signee

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STATE OF FLORIDA
DEPARTMENT OF STATE