

L14000035350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

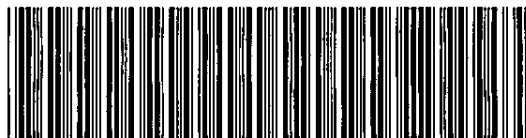
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/14--01005--022 **30.00

TO AGENCY
SUFFICIENCY OF FILING

2014 APR - 8 PM 1:19

14 APR - 8 PM 1:33

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR - 8 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simon King Fence and Deck 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:

Simon King
Name of Person

Simon King Fence and Deck LLC.
Firm/Company

1522 Rankin Ave.
Address

Tallahassee FL 32310
City/State and Zip Code

8SimonKing8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simon King at (850) 597-6386
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

Simon King Fence and Deck LLC

(A Florida Limited Liability Company)

King Fence and Deck LLC

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APR - 8 PM 1:33

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

Title	Name	Address	Type of Action
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AMBR	David King	4675 Cypress Pt. Rd.	<input checked="" type="checkbox"/> Add
		Tallahassee FL 32305	<input type="checkbox"/> Remove

AMBR	Thomas King	4675 Cypress Pt. Rd.	<input checked="" type="checkbox"/> Add
		Tallahassee FL 32305	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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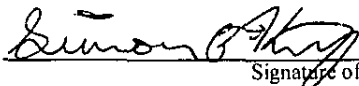
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ~~4/8/14~~ 4/8/14 (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 ~~4/8~~ 4/8, 2014



Signature of a member or authorized representative of a member

Simon P. King

Typed or printed name of signee

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Filing Fee: \$25.00

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