

L14 000044641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

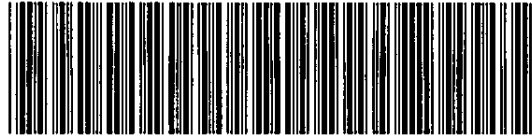
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 02 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KRK RECYCLING 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:

REYNOLD GOINDOO

Name of Person

KRK RECYCLING LLC

Firm/Company

1533 SW 167TH AVE

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

NEIGE@EBS0104.COM

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

For further information concerning this matter, please call:

REYNOLD GOINDOO

Name of Person

at **954 362-5214**

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

KRK RECYCLING LLC

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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	ORTELIO R RUIZ	25050 SW 157 AVE	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input type="checkbox"/> Remove
MGR	CARLOS M GILMORE	9282 SW 221 ST	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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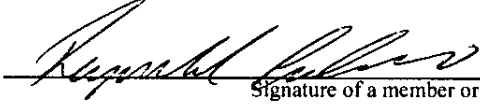
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 March 25th, 2014.



Signature of a member or authorized representative of a member

REYNOLD GOINDOO

Typed or printed name of signee

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Filing Fee: \$25.00

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