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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUN 17 2014
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Predator Ordinance 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:

Preston Edward Mishikhaiwa
Name of Person

Predator Ordinance LLC
Firm/Company

2115 Raymonds Place
Address

Green Cove Springs FL 32043
City/State and Zip Code

mishikhaiwa@uahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Preston Edward Mishikhaiwa at (904) 210 2539
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

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ds.)
14 and assigned

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

Page 1 of 3

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	Preston Mishihauiwa	2115 Raymonds Place	<input checked="" type="checkbox"/> Add
		Green Cove Springs FL	<input type="checkbox"/> Remove
		32043	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 June 08, 2014.

Preston Edward Mishikawa

Signature of a member or authorized representative of a member

Preston Edward Mishikawa

Typed or printed name of signee