

214 0000 63985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2014

KIMBERLY JOHNSON  
8716 79TH PLACE NORTH  
SEMINOLE, FL 33777

SUBJECT: INDUSTRY HEIGHTS AGENCY LIMITED LIABILITY COMPANY  
Ref. Number: L14000063985

We have received your document for INDUSTRY HEIGHTS AGENCY LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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: 214A00011265

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amendment  
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:

Kimberly Johnson  
Name of Person

Industry Heights Agency  
Firm/Company

8716 79th Place North  
Address

Seminole Fla 33777  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kimberly Johnson at 927 608-0207  
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

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>
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MGR	Anthony DAVIS	130 48 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
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		St. Petersburg, Fla 33711	<input type="checkbox"/> Remove
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MGR	King of 1 self LLC	PO Box 33705	<input checked="" type="checkbox"/> Add
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	Johntavious Johnson	St. Petersburg, Fla 33705	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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TALLAHASSEE FL  
ORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 4-9-14, \_\_\_\_\_.

Kimberly Johnson

Signature of a member or authorized representative of a member

Kimberly Johnson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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