

L14000069272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

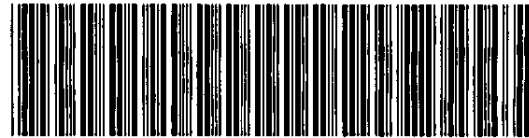
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800260044008

05/12/14--01019--018 **30.00

RECEIVED
TALLAHASSEE, FLORIDA
14 MAY 28 AM 9:55
011 ED

J. Stivers MAY 29 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

BROOKS HIRZ
4988 ELIZABETH AVE
SARASOTA, FL 34233

SUBJECT: TROPICAL AUTO PAINTING LLC
Ref. Number: L14000069272

We have received your document for TROPICAL AUTO PAINTING LLC and your check(s) totaling \$30.00. 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: 014A00010856

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tropical Auto Painting 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:

Brooks Hirz

Name of Person

Firm/Company

4988 Elizabeth Ave

Address

Sarasota, FL 34233

City/State and Zip Code

painter641@gmail.com

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

For further information concerning this matter, please call:

Arlene Moore EA

Name of Person

at **941 924-1508**

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

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>
AMBR	Dicksbigger Inc	4988 Elizabeth Ave	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 MAY 2013
TALLAHASSEE, FLORIDA
14 MAY 2013 14:55
CLERK OF COURT

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 May 7, 2014



Signature of a member or authorized representative of a member

Brooks Hirz, AMBR

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

14 MAY 28 AM 9:55
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE