

L14 6000 73624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

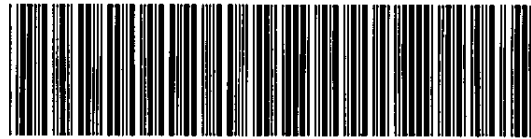
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 23 PM 12:36
STATION 1044
TALLAHASSEE FL 32304

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C&C Woodworking, 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:

Wanda Quillinan

Name of Person

Douglas A. Wood, PA

Firm/Company

700 11th Street South, Suite 102

Address

Naples, FL 34102

City/State and Zip Code

welched@comcast.net

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

For further information concerning this matter, please call:

Wanda Quillinan

Name of Person

at **239 263-7740**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

C&C Woodworking, 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>
AMBR	Myles Strohl	168 Commercial Blvd	<input type="checkbox"/> Add
		Naples, FL 34104	<input checked="" type="checkbox"/> Remove
AMBR	Myles Strohl, Trustee	168 Commercial Blvd	<input checked="" type="checkbox"/> Add
		Naples, FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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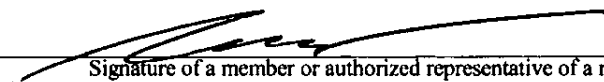
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 August 20, 2014.



Signature of a member or authorized representative of a member
Edward K. Welch II

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32399