

Apr. 29, 2016 9:09 AM

No. 3438 P. 1

L14000094761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000106632 3)))



H160001066323ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

2016 APR 29 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

DAVID C. HASTINGS, CPA, PA
DAVID.C.HASTINGS@CPA-TMP.COM

RECEIVED
2016 APR 29 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUFF MONKEY AUTO BOUTIQUE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. GALT
EXAMINER

MAY -1

H160001066323

FILED
APR 29 AM 9:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

116 000 1066323

Apr. 29. 2016 9:20AM

No. 3438 P. 3

H160001066323

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

2016 APR 29 AM 9:58
SECRETARY OF STATE
TALAHASSEE, FLORIDA

FILED

H160001066323

Apr. 29. 2016 9:20AM

H160001066323

No. 3438 P. 4

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

2016 APR 29 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

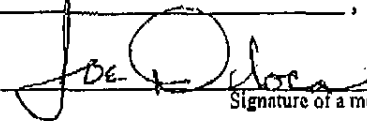
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 29, 2016



Signature of a member or authorized representative of a member

JOSEPH DELOCA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H160001066323