

U410000108004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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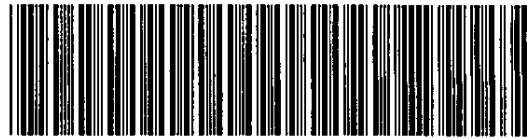
(Business Entity Name)

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OCT 28 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILDERS ONSITE SEPTIC SERVICE, 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:

COREE L. HALL

Name of Person

Firm/Company

P.O. BOX 276

Address

GREEN COVE SPRINGS, FL 32043

City/State and Zip Code

HERNANDEZ1040TAX@GMAIL.COM

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

For further information concerning this matter, please call:

COREE L. HALL

Name of Person

at (904) 276-0332

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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CHILDERS ~~ON~~ SITE SEPTIC SERVICE LLC

Page 1 of 3

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 10/21, 14.

✓ Corey Hall
Signature of a member or authorized representative of a member

✓ Corey Hall
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA