

L14000 124812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

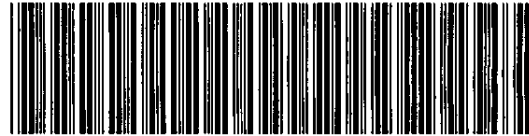
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 SEP 25 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2014

T. HAMPTON

5280 Deer Creek Drive  
Pace, FL 32671

September 22, 2014

Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32315

Re: Flow Control Plumbing, LLC

L14000124812

Dear Sir/Madam,

Enclosed please find our request to add Tina M. Barnhill as an Authorized Member of Flow Control Plumbing, LLC. Enclosed you will find the required paperwork along with our check # 3006 in the amount of \$ 25.00. If you have any question or require additional information please do not hesitate to contact our office.

Yours truly,



Tina M. Barnhill  
Registered Agent  
Flow Control Plumbing, LLC

.....

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Flow Control Plumbing, 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:

**Jason Barnhill**

Name of Person

Firm/Company

**5280 Deer Creek Drive**

Address

**Pace, FL 32571**

City/State and Zip Code

**flowcontrol@att.net**

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

For further information concerning this matter, please call:

**Tina M. Barnhill**

Name of Person

at **850** **207-0564**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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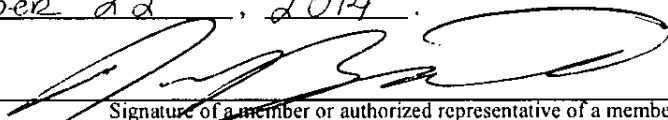
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 September 22, 2014.



Signature of a member or authorized representative of a member

Jason D. Barnhill

Typed or printed name of signee

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