

L14000140806

(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



400263152714

L14-140806

01/28/15--01018--027 **25.00

FILED
15 Jan - 28 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2015
N. CAUSSEAU

GPE Wood Works, LLC
3481 B Road
Loxahatchee, FI 33470

12/30/2014

Atten: Nannette Causseaux

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FI 32301

Dear Nannette Causseaux;

Enclosed you will find;

1. Cover Letter
2. Articles of Amendment to Articles of Organization
3. Original Copy of Letter Sent to Justin regarding refund of \$160.00
4. Letter from Florida Department of State Division of Corporation
5. Also A copy of my receipt for \$125.00 on line filing.
6. My Check for \$25.00 filing fee.

I do appreciate all your help and hopefully we will be able to get this amendment to the name finalized.

Thank you,


Janet Eick and Gerald Eick Owner of GPE Wood Works, LLC

3481 B Road
Loxahatchee, FI 33470
561-662-5964

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GPE Work Works, 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:

Janet Eick

Name of Person

GPE Wood Works

Firm/Company

3481 B Road

Address

Loxahatchee, FL 33470

City/State and Zip Code

equineeeee@msn.com

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

For further information concerning this matter, please call:

Janet Eick

Name of Person

at **561 662-5964**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2015

JANET EICK
3481 B ROAD
LOXAHATCHEE, FL 33470

SUBJECT: GPE WORK WORKS, LLC
Ref. Number: L14000140806

We have received your document for GPE WORK WORKS, LLC and your check(s) totaling \$25.00. 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.

We need the following: Two separate letters, one stating that you want to abandon the reinstatement for the corporation "GPE WOOD WORKS, INC." doc. # P03000152087. The 2nd letter should state that, you are the owners of "GPE WOOD WORKS, INC." and that you have no intentions of reinstating the corporation and release the name to the LLC. We did not received the amendment until 1/6/15.

Please return 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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 915A00000245

FAX

Date 2-10-2015

To: Nanette Causseaux, Regulatory Specialist II Supervisor

From : Janet and Gerald Elck:

RE: GPE Wood Works, LLC.

Nannette, Please review these documents and hopefully you will have everything that you need to approve our application for GPE Wood Works, LLC. As I explained I have been in and out of the hospital and not been able to complete the information more timely. Unfortunately due to this we have checks that we cannot cash due to the Name not being registered on Sun Biz.org. Please contact me if there is anything else you need and I will get it faxed immediately.

I appreciate your help,

Thank you,

Janet Elck 561-662-5964

RECEIVED
15 FEB 19 AM 10:00
BUREAU OF REVENUE
INFORMATION SERVICES

Janet and Gerald Eick
3481 B Road
Loxahatchee, Fl 33470
561-662-5964

February 7, 2015

Florida Department of State of Division of Corporations
Nanette Causseaux
Regulatory Specialist II Supervisor

Subject: GPE Wood Works, LLC
Ref, Number L14000140806

Dear Nanette Causseaux Regulatory Specialist II Supervisor;

We are owners of "GPE WOOD WORKS, INC." and we have no intentions of reinstating the corporation and release the name to the LLC.

Thank you,

Gerald Eick and Janet Eick

Janet and Gerald Eick
3481 B Road
Loxahatchee, FL 33470
561-662-5964

February 7, 2015

Florida Department of State of Division of Corporations
Nanette Causseaux
Regulatory Specialist II Supervisor

Subject: GPE Wood Works, LLC
Ref, Number L14000140806

Dear Nanette Causseaux Regulatory Specialist II Supervisor;

I received your letter explaining what I have to do, thank you so much.

I want to abandon the reinstatement for the corporation "GPE WOOD WORKS, INC." doc.
#P03000152087.

Thank you,

Gerald Eick and Janet Eick

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>
_____	_____	_____	<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

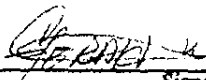
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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 September 19, 2014



Signature of a member or authorized representative of a member

Gerald Eick

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JUL - 20 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA