

L14000155589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

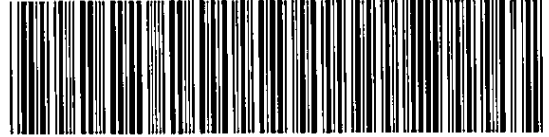
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 OCT 10 AM 10:51
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

OCT 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDG Contracting, 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:

Donna L. Caprio

Name of Person

Mueller Development Group

Firm/Company

400 Columbia Drive, Suite 105

Address

West Palm Beach, FL 33409

City/State and Zip Code

dcaprio@muellerdgc.com

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

For further information concerning this matter, please call:

Jason Mueller

561

249-3860

at (_____) _____

Name of Person

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

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>
MGR	Eli C. Smith	400 Columbia Drive, Suite 105, Wt	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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AMBR 51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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17 OCT 10 AM 10:31
CLERK OF STATE
TALLAHASSEE, FLORIDA