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(Requestor's Name)

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(Address)

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(Business Entity Name)

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APR 03 2015  
S. YOUNG

## COVER LETTER

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

SUBJECT: John J Schreiner Painting 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:

John J Schreiner IV

Name of Person

John J Schreiner Painting LLC

Firm/Company

1627 Anniston Avenue

Address

Holly Hill FL 32117

City/State and Zip Code

johnschreinerpaintingllc@yahoo.com

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

For further information concerning this matter, please call:

John Schreiner

Name of Person

386 at ( )

Area Code

566-7221

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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SUPREME COURT  
TALLAHASSEE, FL

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>
AMBR	Tim Powell	1625 Anniston Avenue	<input checked="" type="checkbox"/> Add
		Holly Hill, FL	<input type="checkbox"/> Remove
		32117	
			<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 March 8, 2015



Signature of a member or authorized representative of a member

John J. Schreiner IV

Typed or printed name of signee

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