

L14000162641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

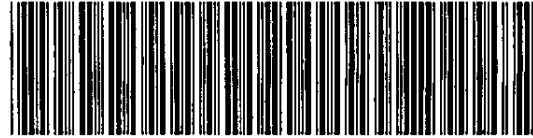
(Business Entity Name)

(Document Number)

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16 OCT 20 PM 2:29

DIVISION OF CORPORATIONS

O SIMMONS

OCT 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MW Superior Flooring, 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:

Amanda Ross

Name of Person

H.B. Ross & Co.

Firm/Company

19046 Bruce B Downs Blvd, Suite 302

Address

Tampa, FL 33647

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Ross

813

977-9977

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

Page 1 of 3

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>
Member	Cody Wiggins	360 South Hankin Road	<input checked="" type="checkbox"/> Add
		Bartow, FL 33830	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DIVISION OF COMMUNITY DEVELOPMENT
 16 OCT 20 PM 2:39
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18 JUL 20 PM 2:29
DIVISION OF CONSTITUTIONS

16 OCT 20 PM 2:29
DIVISION OF CONSTITUTIONS

11

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 11 2016

X W. B. ...
Signature of _____

Signature of a member or authorized representative of a member

mathew williamson

Typed or printed name of signee