

L14000169705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

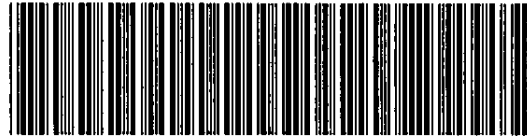
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV - 6 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIRECT DISTRIBUTION 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:

Keith Haymes

Name of Person

DIRECT DISTRIBUTION LLC

Firm/Company

2665 S Bayshore Dr.

Address

Coconut Grove, FL 33133

City/State and Zip Code

info@directdistribution.us

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

For further information concerning this matter, please call:

Keith Haymes

561 412-5320

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

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DIRECT DISTRIBUTION LLC

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TALLAHASSEE, FLORIDA

Zip Code

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>
MGR	Keith Haymes	2665 S Bayshore Dr	☒ Add
		Coconut Grove, FL 33133	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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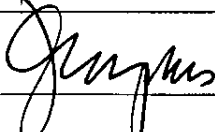
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 November 3, 2014



Signature of a member or authorized representative of a member

Keith Haymes

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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