

L14 0001 76656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

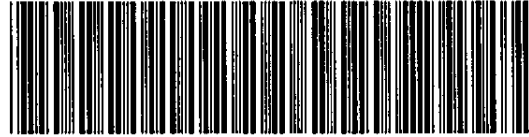
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 24 2015

METROPOLITAN COMMUNITY PATROL LLC

Page 1 of 3

15 FEB 17 AM 30
Zip Code
36060
STATE
ALABAMA
CITY
TALLAHASSEE
STREET
LORDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: METROPOLITAN COMMUNITY PATROL 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:

IVAN V PENA

Name of Person

METROPOLITAN COMMUNITY PATROL LLC

Firm/Company

P.O BOX 720966

Address

ORLANDO FL,32872

City/State and Zip Code

ivanpena51@gmail.com

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

For further information concerning this matter, please call:

IVAN V PENA

407

929-3563

Name of Person

at ()

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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TALLAHASSEE
DIVISION OF CORPORATIONS
RECEIVED

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
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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 FEB 17 AM 9:30

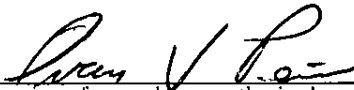
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN # 47-2955554

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 02 - 11 - , 2015



Signature of a member or authorized representative of a member

IVAN V PENA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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