

L14000183957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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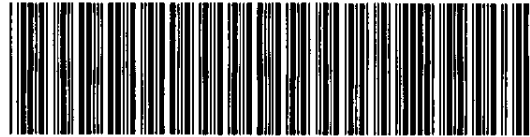
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monster Masonry of the Fla. Keys, 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:

Mickie Carbonell
Name of Person

Monster Masonry of the Fla. Keys, LLC
Firm/Company

1812 Flagler Ave. #1
Address

Key West, FL. 33040
City/State and Zip Code

mlongc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mickie Carbonell at (305) 923-8466
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

Monster Masonry of the Fla Keys, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	Jeffrey J Carbone	1812 Flagler Ave #1	☐ Add
		Key West, FL 33040	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

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STATE OF FLORIDA
TALLAHASSEE

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 of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

1/31/15

January 31, 2015

Mickie Carbone

Signature of a member or authorized representative of a member

Mickie Carbone

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA