

L15000001039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

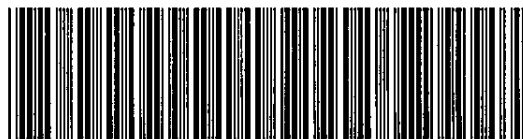
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JAN 07 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DAVID SHEROUSE PLASTERING AND STUCCO 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:

**MARLA COPELAND ESTY**

\_\_\_\_\_  
Name of Person

**EASY TAX AND ACCOUNTING SERVICES**

\_\_\_\_\_  
Firm/Company

**P O BOX 2066**

\_\_\_\_\_  
Address

**HIGH SPRINGS, FL 32655**

\_\_\_\_\_  
City/State and Zip Code

**easytax@windstream.net**

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

For further information concerning this matter, please call:

**MARLA COPELAND ESTY**

**386**

**454-8959**

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

DAVID SHEROUSE PLASTERING AND STUCCO LLC

The Articles of Organization for this Limited Liability Company were filed on 01/05/2015 and assigned Florida document number L15000001039.

SHEROUSE AND DEVANEY PLASTERING AND STUCCO LLC

**(Principal office address MUST BE A STREET ADDRESS)**

GAINESVILLE, FL 32606

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

**, Florida**

Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGR	GEORGE DEVANEY III	276 SE SUNSET GLEN	<input checked="" type="checkbox"/> Add
		HIGH SPRINGS, FL 32643	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF FLORIDA  
 TALLAHASSEE

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

THE OWNERSHIP OF THE COMPANY IS NOW 50% TO EACH OWNER.

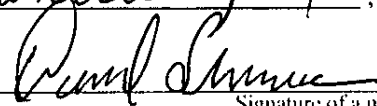
E. Effective date, if other than the date of filing: 01/01/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

January 4, 2016  


Signature of a member or authorized representative of a member

DAVID SHEROUSE

Typed or printed name of signee

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TALLAHASSEE

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