

2154608331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 08 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2015

ROGER PERRAULD
183 COWLES ST.
ENGLEWOOD, FL 34224

SUBJECT: SUBTROPICAL SERVICES, LLC
Ref. Number: L15000002331

We have received your document for SUBTROPICAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 615A00003253

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Subtropical Services, 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:

Roger Perrault

Name of Person

Perrault Tax and Accounting, LLC

Firm/Company

183 Cowles St.

Address

Englewood, FL 34224

City/State and Zip Code

Perrault46@centurylink.net

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

For further information concerning this matter, please call:

Roger Perrault

941

474-2800

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

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Subtropical Services, LLC

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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>
Mr	Scott Bouthiller <i>MBR</i>	3049 Gillot Blvd.	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33981	<input type="checkbox"/> Remove
Mr	James Smith <i>AMBR</i>	3164 California Terr	<input checked="" type="checkbox"/> Add
		North Port, FL 34291	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

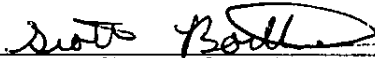
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 February 5, 15



Signature of a member or authorized representative of a member

Scott Bouthiller

Typed or printed name of signee

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Filing Fee: \$25.00

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