

L15000052354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG -6 2015

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Complete Plumbing Restoration L.L.C.
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:

Timothy Spiva

Name of Person

Complete Plumbing Restoration L.L.C.

Firm/Company

10110 NE 14th St

Address

Silver Springs, FL 34488

City/State and Zip Code

CPRPLUMBINGLLC@gmail.com

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

For further information concerning this matter, please call:

Timothy Spiva

Name of Person

at (352)

Area Code

615-1290

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

Complete Plumbing Restoration L.L.C.

Page 1 of 3

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>
AMBR	Tracy C Spiva	10110 NE 14 th St	<input type="checkbox"/> Add
		Silver Springs FL 34488	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Thomas B. Davidson	10156 NE 14 th St	<input type="checkbox"/> Add
		Silver Springs, FL 34488	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Cody R. Spiva	10110 NE 14 th St	<input checked="" type="checkbox"/> Add
		Silver Springs, FL 34488	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thomas B. Spiva	10110 NE 14 th St	<input checked="" type="checkbox"/> Add
		Silver Springs, FL 34488	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brighid M. Spiva	10110 NE 14 th St	<input checked="" type="checkbox"/> Add
		Silver Springs, FL 34488	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(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)

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 August 2, 2015.

Leacy C. Lewis
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tracy C Spiva

Typed or printed name of signee

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TALLAHASSEE, FLORIDA