

# LIS00006825F

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

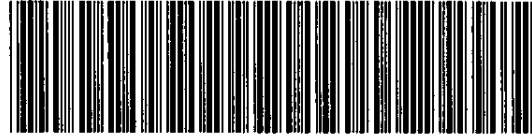
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan MAY - 6 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Triple C Productions 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:

Claire Campbell

Name of Person

Firm/Company

1909 E. DeSoto St.

Address

Pensacola, FL 32501

City/State and Zip Code

claire.campbell1909@gmail.com

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

For further information concerning this matter, please call:

Claire Campbell

Name of Person

at ( 850 ) 982 2578

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records:  
(A Florida Limited Liability Company)

Page 1 of 3

Authorized Member being added or removed from our records:

MGR = Manager

AMBF = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Claire Campbell	1909 E. DeSoto St.	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**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 4/24/15, \_\_\_\_\_.

Chas E Campbell III

Signature of a member or authorized representative of a member

Charles E Campbell III

Typed or printed name of signee

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