

L15000209592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

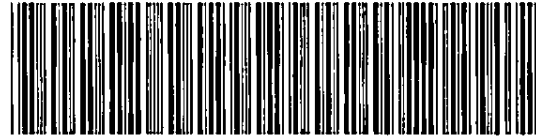
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT 26 AM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J
10/27/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fixin And Mixin 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:

Paul Sturney
Name of Person

48 Feet North LLC
Firm/Company

3677 Julington Creek Rd.
Address

Jacksonville, Fla. 32223
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul Sturney at (904) 742-8715
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status
✓ #2778 | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Fixip And Mixip LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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17 OCT 26 AM 2:42
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 10-24-17

✓ Paul Sy
Signature of a member

Signature of a member or authorized representative of a member

Paul Sturney

Typed or printed name of signee

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000209592

Entity Name: FIXIN AND MIXIN LLC

Current Principal Place of Business:

3677 JULINGTON CREEK ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

3677 JULINGTON CREEK ROAD
JACKSONVILLE, FL 32223 US

FEI Number: 81-1359857

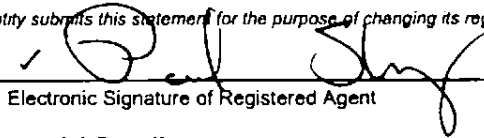
Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STURNEY, PAUL
3677 JULINGTON CREEK ROAD
JACKSONVILLE, FL 32223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:


Electronic Signature of Registered Agent

10-24-17
Date

Authorized Person(s) Detail :

Title MGR
Name STURNEY, PAUL
Address 3677 JULINGTON CREEK ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title OWNE
Name STURNEY, PAUL
Address 3677 JULINGTON CREEK ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title AMBR
Name STURNEY, CHERYL
Address 3677 JULINGTON CREEK ROAD
City-State-Zip: JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL STURNEY

OWNER

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date