

L16000014846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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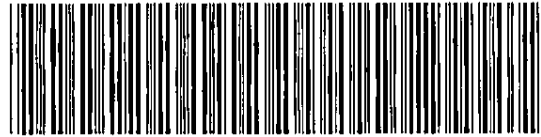
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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NOV 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mackey Team Air Conditioning and Heating 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:

Thomas Marc Torrone
Name of Person

The Mackey Team Air Conditioning and Heating LLC
Firm/Company

20480 Welborn Rd
Address

N. Ft. Myers, FL 33917
City/State and Zip Code
TRKH2004@aol.com
TheMackeyTeamair@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Marc Torrone Business 239 910 - 0487
Name of Person at (239) 462 6571
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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2010 NOV 15 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2510 NOV 15 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
Co-MGR	Kelly Staops	10491 Deal Road	<input checked="" type="checkbox"/> Add
		N. Ft. Myers, FL 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Co-MGR	Thomas Marc Torrone	14930 Center Street	<input type="checkbox"/> Add
		Fort Myers, FL 33905	<input type="checkbox"/> Remove
			<input checked="" 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.


Signature of a member or authorized representative of a member

Thomas Marc Torrone
Typed or printed name of signer