

216000107402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

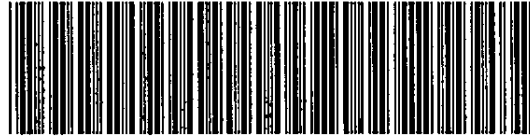
(Document Number)

Certified Copies _____ Certificates of Status _____

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Sign

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06/14/16--01006--013 **25.00

RECEIVED
2016 JUN 13 AM 11:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2016 JUN 28 PM 1:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

K. SALLY
EXAMINER
JUN 29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

JOHN DOYLE CONSTRUCTION LLC
JOHN DOYLE
11521 HAMMOCKS GLADE DR.
RIVERVIEW, FL 33569

SUBJECT: JOHN DOYLE CONSTRUCTION, LLC
Ref. Number: L16000107402

2016 JUN 28 PM 3:58
TALLAHASSEE, FLORIDA

We have received your document for JOHN DOYLE CONSTRUCTION, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00012418

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John Doyle Construction 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:

John Doyle
Name of Person

John Doyle Construction LLC
Firm/Company

11521 Hammocks Glade Drive
Address

Riverview Fl. 33569
City/State and Zip Code

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

For further information concerning this matter, please call:

John Doyle at (813) 381-9311
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <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

FILED

2016 JUN 28 PM 1:29
SECRETARY OF
ALLAHABAD

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>
OWNER	John Doyle	11521 Hammocks Glade Dr RIVERVIEW FL 33569	<input checked="" 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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2015 JUN 28 PM 1:29
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2016 JUN 28 PM 1:22
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TALLAHASSEE, FLORIDA

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

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.

(b) The 90th day after the record is filed.

6/24/2016

Signature of a member or authorized representative of a member

Typed or printed name of signee