

L16000126123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

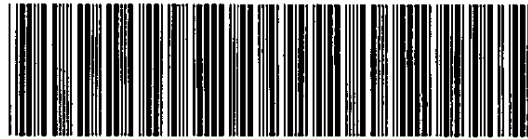
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600287338836

07/21/16--01017--016 **25.00

2016 JUL 21 A 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 22 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EF COMMERCIAL DOOR 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:

EDWARD FRANK

Name of Person

EF COMMERCIAL DOOR LLC

Firm/Company

2234 50TH AVE N

Address

ST PETERSBURG FL 33714

City/State and Zip Code

STATE EF COMMERCIAL DOOR@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD FRANK

Name of Person

at (727)

Area Code

385-0329

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)

CK TO: FLORIDA DEPARTMENT OF STATE

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

RECEIVED
TALLAHASSEE, FLORIDA

2016 JUL 21 A 10:53

FILED

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>
MGR	EDWARD F FRANK	2234 50TH AVE N	<input type="checkbox"/> Add
		ST PETERS BURG	<input checked="" type="checkbox"/> Remove
		FL 33714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 21 10 53 AM '06
TALLAHASSEE FLORIDA

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

2019 JUL 21 A 0:53
STATIONARY OFFICE
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 JULY 18, 2016


Signature of a member or authorized representative of a member

EDWARD F FRANT
Typed or printed name of signee