

L16000175161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

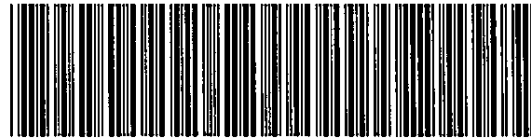
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100293031291

01/13/17--01004--006 **25.00

FILED

17 JAN 13 PM 12:00

DIVISION OF PROSECUTIONS

O SIMMONS
JAN 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camp Mullen, 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:

Richard Mullen

Name of Person

Camp Mullen LLC

Firm/Company

157 Stevens Ave

Address

Oldsmar FL 34677

City/State and Zip Code

rstamascpa@yahoo.com

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

For further information concerning this matter, please call:

Rick Mullen

Name of Person

at (813)

Area Code

855-4780

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

Camp Mullen 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>
AMBR	Richard A Mullen Jr	157 Stevens Ave	<input checked="" type="checkbox"/> Add
		Oldsmar FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tifani Mae Mullen	157 Stevens Ave	<input checked="" type="checkbox"/> Add
		Oldsmar FL 34677	<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

17 JAN 13 PM 12:00
FILED

FILED

SECTION OF CARBONATE

17 JAN 13 PH12:00

[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)

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

Dated JAN 9, 2017



Signature of a member or authorized representative of a member

Richard A. Mullen

Typed or printed name of signee