

L16000181761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

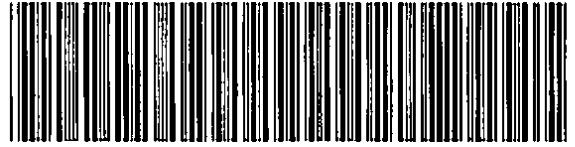
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CODE 3 MAINTENANCE, 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:

CARL S. DALE

Name of Person

CODE 3 ELECTRICAL & MAINTENANCE, LLC

Firm/Company

P.O. BOX 934243

Address

MARGATE, FLORIDA 33093

City/State and Zip Code

Dalec@code3mgmt.com

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

For further information concerning this matter, please call:

CARL S. DALE

954 297-4841
at ()

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2019

CARL S. DALE
P.O. BOX 934243
MARGATE, FL 33093

SUBJECT: CODE 3 MAINTENANCE, LLC
Ref. Number: L16000181761

We have received your document for CODE 3 MAINTENANCE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 219A00009529

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CLERK OF COURT
TALLAHASSEE

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
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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.

Dated April 29th 2019

Carl S. Olsen

Signature of a member or authorized representative of a member

CARL S. DALE

Typed or printed name of signee