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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

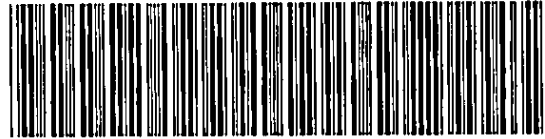
(Business Entity Name)

(Document Number)

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DEC 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST CLASS PAVERS AND TILE, 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:

POLLYANNA M MCLENDON

Name of Person

FIRST CLASS PAVERS AND TILE, LLC

Firm/Company

4110 CASTILLA CIRCLE, APT 206

Address

FORT MYERS, FL 33916

City/State and Zip Code

POLLYMCLENDON@GMAIL.COM

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

For further information concerning this matter, please call:

POLLYANNA M MCLENDON

239

240-4424

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

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>
MGRM	POLLYANNA M MCLENDON	4110 CASTILLA CIRCLE, APT 206	<input type="checkbox"/> Add
		FORT MYERS, FL 33916	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ELCIO C PEREIRA	4110 CASTILLA CIRCLE, APT 206	<input type="checkbox"/> Add
		FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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 11/27/2018

Signature of a member or authorized representative of a member

POLLYANNA M MCLENDON

Typed or printed name of signee