

L16 000 229 542

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

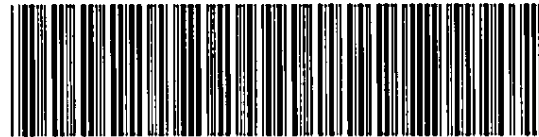
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000313385440

05/21/18--01022--027 \*\*30.00

FILED  
18 MAY 21 AM 11:37  
CLERK OF COURT  
CLERK OF COURT

O SIMMONS  
MAY 23 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A1 Marine Fabrications 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 Ragozzino

\_\_\_\_\_  
Name of Person

A1 Marine Fabrications LLC

\_\_\_\_\_  
Firm/Company

240 SW 30TH ST, BAY 15

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33315

\_\_\_\_\_  
City/State and Zip Code

rragozzino66@gmail.com

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

For further information concerning this matter, please call:

Richard Ragozzino

954

549-3116

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

A1 Marine Fabrications 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>
COO	Charles Jones	240 SW 30TH ST	<input checked="" type="checkbox"/> Add
		BAY 15	<input type="checkbox"/> Remove
		Ft Lauderdale, FL 33315	<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

18 MAY 21 AM 11:37  
FILED  
RECEIVED  
FBI - MIAMI  
COMMUNICATIONS SECTION

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

18 MAY 21 AM 11:30  
19 MAY 21 AM 11:30

FILED  
18 MAY 21 AM 11:37  
FBI - MEMPHIS

**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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

*Richard Ragazzino*  
signature of a man

Signature of a member or authorized representative of a member

Richard Ragozzino

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2018

KEVIA YOUNG  
1026 W CENTRAL BLVD  
ORLANDO, FL 32805

SUBJECT: CENTRAL DISTRIBUTORS LLC  
Ref. Number: L18000049512

We have received your document for CENTRAL DISTRIBUTORS 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):

The attached form must be completed in order to file the document.

PAGE 3 IS MISSING.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00010758