

21700000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

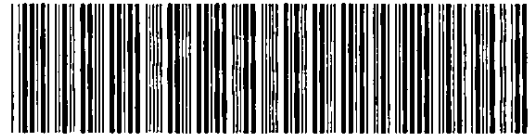
(Business Entity Name)

(Document Number)

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2017 JUN 21 PM 12:46
CLERK OF SUPERIOR COURT
FALL RIVER, MASSACHUSETTS

JUN 31 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Village Towing, 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:

Kyle C. Maynard

Name of Person

Village Towing

Firm/Company

17075 SE Hwy 42

Address

Weirsdale, Florida 32195

City/State and Zip Code

vilagetowingllc@yahoo.com

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

For further information concerning this matter, please call:

Kyle C Maynard

352

342-4119

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

Village Towing 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	Krystal Maynard	17075 SE Hwy 42	<input checked="" type="checkbox"/> Add
		Weirsdale, FL 32195	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenneth Pickel	12550 NE 18th St	<input checked="" type="checkbox"/> Add
		Williston, FL 32696	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2017 JUN 26 PM 12:46
ALLAHAMMA

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

[illegible]

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 June 19, 2017


Signature of a member

Signature of a member or authorized representative of a member

Kyle C Maynard

Typed or printed name of signee

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SHARLOTTE DISTRICT CLERK
TALLAHASSEE, FL 32304