

L17000181553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

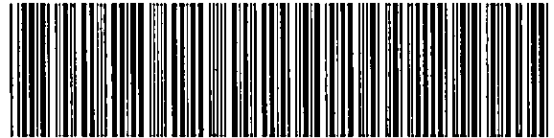
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/17--01008--023 **25.00

2017 NOV -3 PM 3:47

NOV 03 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McLeod Renovations 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:

Daniel McLeod
Name of Person

McLeod Renovations LLC.
Firm/Company

2808 Clark Street
Address

Apopka Fla 32703
City/State and Zip Code

d.j.mcleod36@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel McLeod at (407) 360-1427
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

September 19, 2017

DANIEL MCLEOD
2808 CLARK STREET
APOPKA, FL 32703

SUBJECT: MCLEOD RENOVATIONS, LLC
Ref. Number: L17000181553

We have received your document for MCLEOD RENOVATIONS, 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 form you submitted is for a GP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00019002

2017 NOV -3 AM 11:26

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McLeod Renovations LLC

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017-1-3 Age 3:47

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>
vice president	John Lang Jr.	20405 Pin Tail Road	<input checked="" type="checkbox"/> Add
		Altamonte, FL 32702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cicilia B. Dewey	2808 Clark Street	<input type="checkbox"/> Add
		Apopka, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

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

October 23, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

PM 3:47
2017-03-28