

L17000192456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

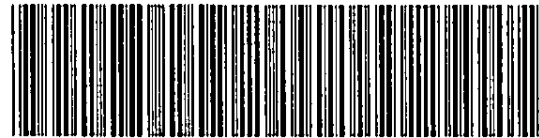
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/17--01001--014 **25.00

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17 OCT 10 AM 10 49

2017 OCT 10 PM 5:30

FILED IN 1001

OCT 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUGAR CONSTRUCTION 1, 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:

GUY C. SILVA
Name of Person
COUGAR CONSTRUCTION 1
Firm/Company
4012 N 30 AVE
Address
HOLYWOOD, FL. 33020
City/State and Zip Code

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

For further information concerning this matter, please call:

GUY C SILVA at (305) 335-0045
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

COUGAR CONSTRUCTION 1, 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> |
|--------------|----------------|---------------------|--|
| AP | SARAH ABRAHAMS | 4012 N 30 Ave | <input type="checkbox"/> Add |
| | | Hollywood, FL 33020 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GUY C SILVA | 4012 N 30 Ave | <input type="checkbox"/> Add |
| | | Hollywood FL 33020 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 OCT 1960 AM 12 49

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.

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

Dated

10/03

2017

Signature of a member or authorized representative of a member

Gov. C. Smith

Typed or printed name of signee