

L18000020734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

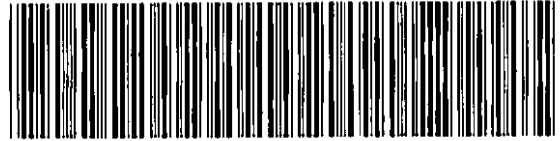
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S. WARREN

MAR 30 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Strata Roofing, 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:

Tracy A. Feamster

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

Strata Builders, LLC

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

2801 S. Bay Street

\_\_\_\_\_  
Address

Eustis, FL 32726

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

accounting@stratafl.com

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

For further information concerning this matter, please call:

Tracy A. Feamster

352

720-0930

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

FILED  
MAR 30 PM 12:29  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
COUNTY OF ALACHUA  
By \_\_\_\_\_  
Registered Agent



[illegible]

(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)

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.

Tracy C. Learmeter  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

2018 MAR 30 PM 12:29  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

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