

L18000052723

(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



100311621661

04/09/18--01015--001 **30.00

0

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR -9 AM 9:58

N COOPER

APR 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILLS AUTOMOTIVE, 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:

FOSTER MILLS

Name of Person

MILLS AUTOMOTIVE, LLC

Firm/Company

3100 NORTHWIND DR

Address

EUSTIS, FL 32726

City/State and Zip Code

MILLSAUTOMOTIVELLC@GMAIL.COM

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

For further information concerning this matter, please call:

FOSTER MILLS

352 434-2683

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

Page 1 of 3

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR -9 AM 9:58

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>
MGR	CASAUNDRA S. MILLS	3100 NORTHWIND DR. EUSTIS, FL 32726	☐ Add ☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR -9 AM 9:58

E. Effective date, if other than the date of filing: Feb. 27th 2018 (optional)

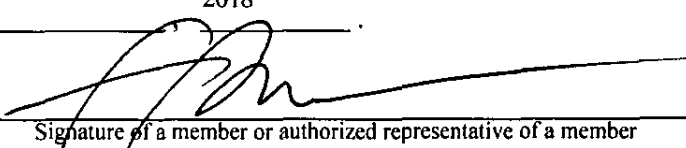
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 MARCH 22 2018


Signature of a member or authorized representative of a member

FOSTER MILLS

Typed or printed name of signee