

U18000207930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

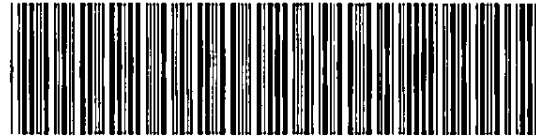
(Document Number)

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2018 DEC 17 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

LLC  
NIC

12/26/18

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2018

JONATHAN ROBINSON JR.  
COUNTRY BOYZ LAWN CARE ARE TREE SERVICE  
721 NORTH 6TH STREET  
HAINES CITY, FL 33844

SUBJECT: COUNTRY BOYZ LAWN CARE ARE TREE SERVICE LLC  
Ref. Number: L18000207930

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 2 OF 3 MUST BE SUBMITTED WITH THE DOCUMENT EVEN IF YOU DO NOT PLAN TO MAKE ANY CHANGES ON THIS PAGE 2.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 518A00024461

RECEIVED

2018 DEC 17 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Country Boy 2 Lawn Care and tree service  
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:

Jonathan A. Robinson JR.  
Name of Person

COUNTRY BOY 2 LAWN CARE AND TREE SERVICE LLC.  
Firm/Company

721 NTH 6TH ST H  
Address

Haines City FL 33844  
City/State and Zip Code

COUNTRYBOY2863FL@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Robinson JR. at (863) 978-3875  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
_____	N/A	N/A	<input type="checkbox"/> Add
_____	_____	_____	<input 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"/> Change

[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.

Signature of a

Jonathan Robinson JR

Typed or printed name of signee