

L19000023911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

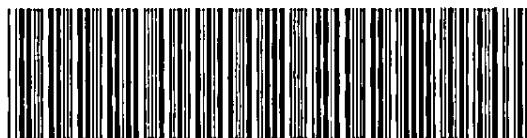
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/19--01009--022 **25.00

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AND
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2019 MAR 21 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FL 32301

TC.
3/21/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2019

JOSEPH E SEAGLE
924 WEST COLONIAL DRIVE
ORLANDO, FL 32804

SUBJECT: MCKALT HOLDINGS LLC
Ref. Number: L19000023911

We have received your document for MCKALT HOLDINGS 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 attached form must be completed in order to file the document.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 219A00004699

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCKALT HOLDINGS 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:

Joseph E Seagle

Name of Person

Joseph E Seagle PA

Firm Company

924 West Colonial Drive

Address

Orlando, FL 32804

City/State and Zip Code

joe@seaglelaw.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

For further information concerning this matter, please call:

Joseph E Seagle

407 373-7451

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

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

Title	Name	Address	Type of Action
MGR	Colleen K.T. Musselman	2241 Swoope Dr	<input type="checkbox"/> Add
		New Smyrna Beach, FL 32168	<input type="checkbox"/> Remove
		Middle initials: "K.T."; not "K"	<input checked="" type="checkbox"/> Change
		Zip 32168; not 32804	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FL 32399


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TALLAHASSEE, FLORIDA

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.

Dated February 20, 2019

25 2019



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Joseph E. Seagle, Authorized Representative

Typed or printed name of signee