

L19000066642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

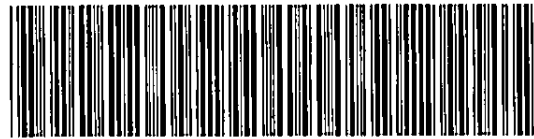
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/19--01008--029 **25.00

S TALLENT
MAY 14 2019

FILED
2019 MAY 13 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL

Pravet



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2019

CRAIG FENN
SHRINK WRAP INDUSTRIES
12854 CARRINGTON CIRCLE #203
NAPLES, FL 34105

SUBJECT: SHRINK WRAP INDUSTRIES LLC
Ref. Number: L19000066642

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):

PLEASE DATE AND SIGN THE DOCUMENT ON PAGE 3 OF 3 AND RESUBMIT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00008359

RECEIVED

2019 MAY 13 AM 11:50

SECRETARY OF
TALLMONT, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shrink Wrap Industries

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:

Craig Fenn

Name of Person

Shrink Wrap Industries

Firm/Company

12854 Carrington Circle #203

Address

Naples, FL 34105

City/State and Zip Code

craig@shrinkwrapindustries.com

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

For further information concerning this matter, please call:

Craig Fenn

847 372-2611

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

Shrink Wrap Industries 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>
MGR	Craig Fenn	12854 Carrington Circle #203 Naples, FL 34105	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

5/5/19

5

Typed or printed name of signee