

L21000038628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

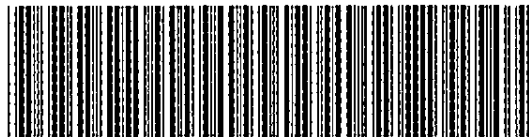
(Business Entity Name)

(Document Number)

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2021 MAR 12 AM 10:17
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O SIMMONS

MAR 15 2021

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>DLT Construction LLC</u>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ☒ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
___ OTHER _____

RETRIEVAL:

___ GOOD STANDING CERT/C.U.S. ___ CERTIFIED COPY ___ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 3/12/20 TIME _____

Notes: _____

2021 MAR 12 AM 10:41

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

1/19/2021

T4 Builders LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

2021 MAR 12 AM 10:41

[illegible]

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

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E. Effective date, if other than the date of filing: _____ (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 11, 2021

M K Clem

Signature of a member or authorized representative of a member

Mary Kate Clem - attorney for Registered Agent/Manager

Typed or printed name of signee

Filing Fee: \$25.00