

H21000185205

10/18/21, 7:04 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMMANUEL SHEPPARD & CONDON
Account Number : 072720000035
Phone : (850)433-6581
Fax Number : (850)433-6162

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ReveCADORNE30@yahoo.com
ReveCADORNE30@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
P AND C ROOFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 07 2021

A. LUNT

2021 DEC -6 PM 3:10

FAX NO. 8504347133

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 DEC -6 AM 10:17

COVER LETTER

H21000388556 3

**TO: Registration Section
Division of Corporations**

SUBJECT: P and C Roofing, 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:

Reveca Cornejo

Name of Person

P and C Roofing, LLC

Firm/Company

1515 Frankford Ave

Address

Panama City, Florida 32405

City/State and Zip Code

revecacornejo@yahoo.com

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

For further information concerning this matter, please call:

Reveca Cornejo

850 481-6982
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000388556 3

H21000388556 3

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

H21000388556 3

H21000388556 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

H21000388556 3

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

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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 November 19, 2021

Reina Cornejo
Signature of a member or authorized

Signature of a member or authorized representative of a member

Reveca Cornejo

Typed or printed name of signee