

121 000412304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

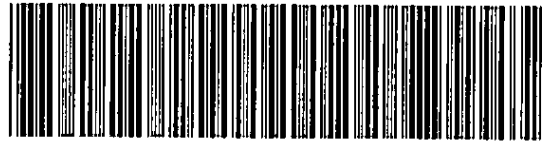
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

10/23/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Demolition Enviromental Company, 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:

Kramer A. Litvak

\_\_\_\_\_  
Name of Person

Litvak Beasley Wilson & Ball, LLP

\_\_\_\_\_  
Firm/Company

40 S. Palafox Place, Suite 300

\_\_\_\_\_  
Address

Pensacola, Florida 32502

\_\_\_\_\_  
City/State and Zip Code

bmartin@deco.us.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Kramer A. Litvak

850 432-9818

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

**If Changing Registered Agent, Signature of New Registered Agent**

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>
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MGR	Brandon Martin	1069 Lincoln Avenue	<input type="checkbox"/> Add
		North Charleston, South Carolina 29405	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated October 12, 2021

October 12



Signed \_\_\_\_\_

Kramer A. Litvak

Typed or printed name of signee

**Filing Fee: \$25.00**