

L240000017657

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

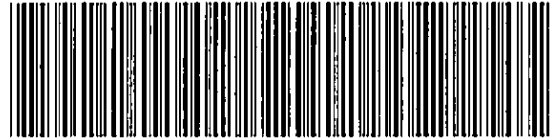
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pat's Superior Cabinets, 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:

Patrick A. Swancey

Name of Person

Superior Cabinets, LLC

Firm/Company

4315 W Malaluka Circle

Address

Citrus Springs, FL 34433

City/State and Zip Code

SuperiorCabinetsLLC@gmail.com

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

For further information concerning this matter, please call:

Patrick Swancey

954 802-0700
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

[illegible]

[illegible]

(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.

Dated JANUARY 19 2024

Patrick A. Swancey

Typed or printed name of signee

Filing Fee: \$25.00


January 8, 2024

William J. Stoney
12455 South Brierwood Pt.
Floral City, FL 32636

To Whom It May Concern,

I, William J. Stoney, the former President of Superior Cabinets, Inc., hereby declare that I have no intentions of reinstating Superior Cabinets, Inc.

Thank you,


William J. Stoney

Clear/Reset

WELLS
FARGO

Acknowledgment by Individual

State of Florida

County of Citrus

The foregoing instrument was acknowledged before me this 12 day
of January, 20 24, by means of ☒ physical presence or ☐ online notarization

William J. Stoney (name of person acknowledging).

☐ Personally known to me

☒ Produced Identification

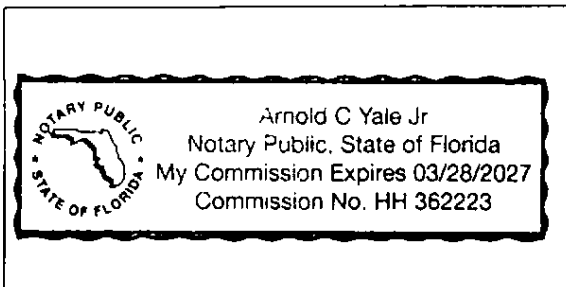
Type of Identification Produced Florida Driver License

Notary signature

Notary name (typed or printed) Arnold C Yale Jr

Title (e.g., Notary Public) Notary

Place Seal Here



For Bank Purposes Only Description of Attached Document

Type or Title of Document

January 8, 2024 Letter to Whom It May Concern

Document Date

1/8/24

Number of Pages

1

Signer(s) Other Than Named Above

N/A

Account Number (if applicable)

N/A