

11220000051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

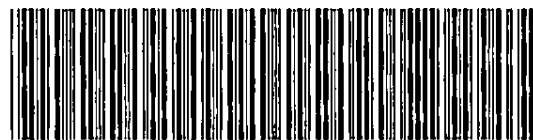
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 OCT 18 AM 10:25

11220000051

Office Use Only



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2017 OCT 18 AM 8:15

FILE

OCT 20 2017
J. HARRIS

250015-11M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manufacturers Capital, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Marie Rock
Name of Person

Tropico Management, LP
Firm/Company

1023 Market Street, Suite 1
Address

Christiansted, VI 00820
City/State and Zip Code

arock@tropicomgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Marie Rock at (340) 719-6700 x119
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

ANN MARIE ROCK
TROPICO MANAGMENT, LP
1023 MARKET STREET, SUITE 1
CHRISTIANSTED, VI 00820

SUBJECT: MANUFACTURERS CAPITAL, LLC
Ref. Number: M02000000087

RECEIVED
2017 JUN 27 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MANUFACTURERS CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00010925

2017 OCT 18 AM 8:15
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Manufacturers Capital, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M02000000087

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/10/2002

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MCDave, LLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

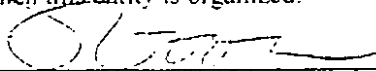
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

David B. Goose, Manager

Typed or printed name of signee

Filing Fee: \$25.00

2017 OCT 18 AM 8:15
FILED

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

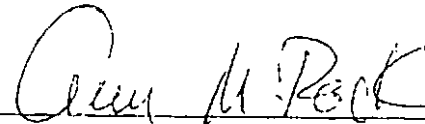
1. Name of Limited Liability Company: Manufacturers Capital, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name change to:

MCDave, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 9th day of March, A.D. 2017.

By:



Authorized Person(s)

Name: Ann Marie Rook

Print or Type

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

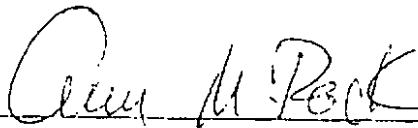
1. Name of Limited Liability Company: Manufacturers Capital, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name change to:

MCDave, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 9th day of March, A.D. 2017.

By:



Authorized Person(s)

Name: Ann Marie Rock

Print or Type



Secretary of State
Certificate of Cancellation
Limited Liability Company (LLC)

LLC-4/7

FILED
Secretary of State
State of California

MAR 22 2017

IMPORTANT — Read Instructions before completing this form.

There is No Fee for filing a Certificate of Cancellation

Copy Fees — First page \$1.00; each attachment page \$0.50.
Certification Fee — \$5.00

This Space For Office Use Only

1. **Limited Liability Company Name** (Enter the exact name of the LLC as it is recorded with the California Secretary of State)

Manufacturers Capital, LLC

2. **12-Digit Secretary of State File Number**

201602310094

3. **Dissolution** (California LLCs ONLY: Check the box if the vote to dissolve was made by the vote of ALL the members.)

☐ The dissolution was made by a vote of **ALL** of the members of the California Limited Liability Company.

Note: If the above box is not checked, a **Certificate of Dissolution** (Form LLC-3) must be filed prior to or together with this Certificate of Cancellation. (California Corporations Code section 17707.08(a).)

4. **Tax Liability Statement** (Do not alter the Tax Liability Statement.)

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.

5. **Cancellation Statement** (Do not alter the Cancellation Statement.)

Upon the effective date of this Certificate of Cancellation, the Limited Liability Company's registration is cancelled and its powers, rights and privileges will cease in California.

6. **Read and Sign Below** (See instructions for signature requirements.)

By signing this document, I certify that the information is true and that I am authorized by California law to sign.

Signature

David Goose

Type or Print Name

Signature

Type or Print Name

Signature

Type or Print Name