

11060000002332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

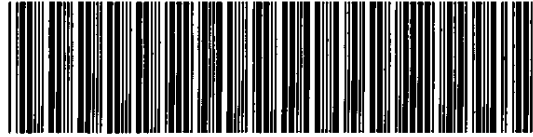
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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MVP CONTRACTING, 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:

CHRISTOPHER G. BENHARDUS  
(Name of Person)

MVP CONTRACTING, LLC  
(Firm/Company)

6312 US 1 NORTH ste 2  
(Address)

ST. Augustine, FL 32095  
(City/State and Zip Code)

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For further information concerning this matter, please call:

MARK VIOLA / CHRIS BENHARDUS at (904) 824-4636  
(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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: MVP CONTRACTING, LLC
2. Jurisdiction of its organization: NEW YORK
3. Date authorized to do business in Florida: 4/25/2006

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? NA
5. New name of the limited liability company: NA
6. If the amendment changes the period of duration, indicate new period of duration: NA
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: NA
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: THE ~~FROM~~ TO: MGRM CHRISTOPHER BENHARDUS  
PLEASE CHANGE FROM MGR TO MGRM FROM: MGR Mark Viola
9. Attached is an original certificate, 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 a member or the authorized  
representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
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