

107000007398

(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:

L. SELLERS

APR 29 2009

EXAMINER

Office Use Only



300153081143

04/28/09--01043--004 **30.00

FILED
09 APR 28 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMS Land & Environmental Services, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Clark

(Name of Person)

EMS

(Firm/Company)

PO Box 1007

(Address)

Versailles, KY 40383

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Clark

(Name of Person)

at (859) 873-0076

(Area Code and 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

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EMS Land & Environmental Services, LLC.
2. This entity was formed under the laws of: Kentucky.
3. This entity was authorized to transact business in Florida on 12/19/2007
and its Florida document/registration number is M07000007398.
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

EMS
PO Box 1007
Versailles, KY 40383

MGRM

Chris Hathorne
PO Box 1007
Versailles, KY 40383

MGRM

Mary A. Smith
PO Box 1007
Versailles, KY 40383

Required Signature: _____

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

FILED
09 APR 28 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA