

M18000 006 729

(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:

Refund \$10.00
is Being Issued
1/29/20
(Overpaid for LLC Amendment)⁵⁰
OK per DCU

Office Use Only



100338265601

12/27/19--01004--003 **35.00

25.00

S TALLENT

FEB 13 2020

FILED
2020 FEB 13 PM 1:57
OFFICE OF THE CLERK
STATE OF MICHIGAN

Foreign
Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2020

TIMOTHY S FOGARTY
FOGARTY BUSINESS SOLUTIONS LLC
16125 SHADY HILLS RD
SPRING HILL, FL 34610

SUBJECT: FHP CONSTRUCTION - FLORIDA, INCORPORATED
Ref. Number: M18000006729

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FORM YOU HAVE SUBMITTED IS FOR A FLORIDA PROFIT CORPORATION, BUT YOUR ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY. PLEASE COMPLETE AND RETURN THE ENCLOSED BLANK FORM(S).

THE REGISTERED AGENT CAN NOT SIGN THE DOCUMENT.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00002166

2020 FEB 13 AM 11:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FHP CONSTRUCTION - FLORIDA INCORPORATED
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:

Steven E Smiley
Name of Person

FHP CONSTRUCTION INC
Firm/Company

16125 Shady hills Rd
Address

Spring Hill, FL 34610
City/State and Zip Code

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

For further information concerning this matter, please call:

TIM FOGARTY at (352) 346-2322
Name of Person Area Code & Daytime Telephone Number

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

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 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: FLAP CONSTRUCTION - FLORIDA, INCORPORATED

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

16125 Shady Hills Rd
Spring Hill FL 34610
(NO Change)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

NON

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

M18000006729

3. Jurisdiction of its organization: _____

Delaware

4. Date authorized to do business in Florida: _____

7/16/2018

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

5. New name of the limited liability company: _____

(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.

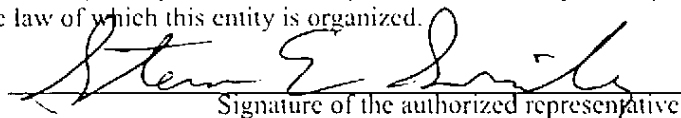
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	LANCE	1651 SCHILLING	Rel N <input type="checkbox"/> Add
	HAWKINSON	SENNES, AL 36575	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

STEVEN E. SMILEY
Typed or printed name of signee