

L190000076331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

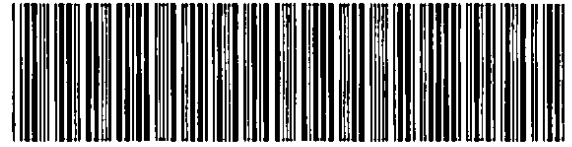
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 30 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOOKSIE & ENTERPRISE 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:

PABLO RODRIGUEZ

Name of Person

BEST QUICK TAX RETURN S

Firm/Company

320 S. BUMBY AVE SUITE 10

Address

ORLANDO FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

PABLO A RODRIGUEZ

Name of Person

at (407) 896-7921

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Looksie & Enterprise LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEXANDER J TAYLOR	4327 S. HWY 27 SUITE 405	<input type="checkbox"/> Add
		CLERMONT FL 34711	<input checked="" type="checkbox"/> Remove
MGRM	ALEX TAYLOR	4327 S. HWY 27 SUITE 405	<input checked="" type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 16 2019



Signature of a member or authorized representative of a member

ALEXANDER J TAYLOR

Typed or printed name of signee

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Filing Fee: \$25.00