

L19 000280439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

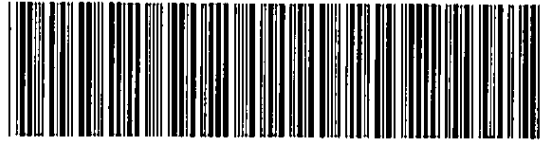
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TAXPAYER SERVICE

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BRUCE  
SEP 12 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prostall 2 Windows and Doors 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:

Rickie Mathis  
Name of Person

Prostall 2 Windows and Doors  
Firm/Company

264 Ravine St.  
Address

Jacksonville FL 32206  
City, State and Zip Code

Windowman187@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rickie Mathis at (904) 565-4121  
Name of Person Area Code Daytime Telephone Number

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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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title                      Name                      Address                      Type of Action

AMBR

Rachell Davis

6457 Fort Caroline Rd #50  
JACKSONVILLE FL 32217

Add

Remove

Change

Add

Remove

Change

Add

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2021 SEP - 10 PM EST  
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