

# L21000081957

Division of Corporations  
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Electronic Filing Cover Sheet

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To:  
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Fax Number : (850)617-6383

From:  
Account Name : SANDRA CASTILLO TAX SERVICE LLC  
Account Number : I20190000047  
Phone : (321)946-6560  
Fax Number : (866)704-9120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARI MOBILE DETAIL & WASH LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00



June 8, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SANDRA CASTILLO TAX SERVICE LLC

SUBJECT: HARI MOBILE DETAIL & WASH LLC  
REF: W21000082961

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Valerie Herring  
Regulatory Specialist III

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JITESH PARBAT	3824 DOUBLE EAGLE DRIVE, APT#3027	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 06/01/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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Dated June 01st 2021

Jagruti Jitesh  
Signature of a member or authorized representative of a member

JAGRUTI HALAI

Typed or printed name of signee

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