

L17000016463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

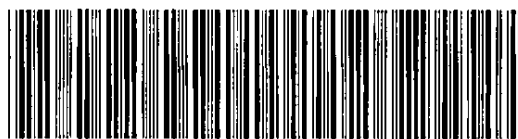
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JUN 23 PM 3:58
STATE OF ARIZONA
FALL ARIZONA FILING

JUN 27 2017
HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOP QUALITY AUTO BODY AND PAINT 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:

HAROLD DESSALINES AMBR & REPRESENTATIVE

Name of Person

TOP QUALITY AUTO BODY AND PAINT LLC

Firm/Company

2540. WILLARD STREET

Address

FORT MYERS FL 33901

City/State and Zip Code

TAXWORKUSA@GMAIL.COM

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

For further information concerning this matter, please call:

HAROLD DESSALINES 239 218-7315

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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	HAROLD DESSALINES	2540, WILLARD STREET, FT. MY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member

HAROLD DESSALINES

Typed or printed name of signee

Filing Fee: \$25.00

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