

LD5000049531

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XPERT AIR SYSTEMS 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:

BRENDA CHAMBERS

Name of Person

CHAMBERS & ASSOCIATES

Firm/Company

603 N. FERDON BLVD.

Address

CRESTVIEW, FL 32536

City/State and Zip Code

BRENDA@CA-CRESTVIEW.COM

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

For further information concerning this matter, please call:

BRENDA CHAMBERS

\$50 398-8088

at ()

Name of Person

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

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>
MBR	JOSELUZ P. PACHECO	111 STEPHENS LANE	<input type="checkbox"/> Add
		CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MAX D. MOORE	111 STEPHENS LANE	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 22 2017

Grace Lucia Portugal
Signature of _____

Signature of a member or authorized representative of a member

JOSE LUCAS PORTUGAL

Typed or printed name of signee