

LO5000098785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

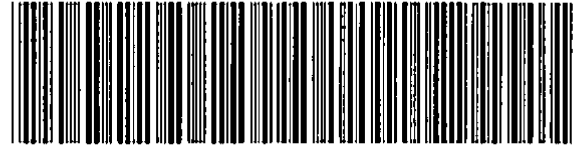
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FILING ASSISTANT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST COAST POOL SCREENS 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:

CORY L CIEHANOSKI

Name of Person

EAST COAST POOL SCREENS LLC

Firm/Company

1756 PALM RD

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

CLCIEHANOSKI@GMAIL.COM

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

For further information concerning this matter, please call:

CORY CIEHANOSKI

386

931-8222

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>
MGRM	LUKE T. BRYAN	21910 ROLLINGWOOD TR	<input type="checkbox"/> Add
		EUSTIS, FL 32736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DANIEL M. GREEN	3345 OLD KINGS RD LOT 440	<input checked="" type="checkbox"/> Add
		FLAGLER BEACH, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 6, 2019

CORY L. CIEHANOSKI

Filing Fee: \$25.00