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(Address)

(Address)

(City/State/Zip/Phone #)

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D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Waste-B-Gone, 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:

Jose Martinez

Name of Person

Waste-B-Gone, LLC

Firm/Company

9609 Barnside PL.

Address

Tampa, Florida 33635

City/State and Zip Code

roselvis32@yahoo.com

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

For further information concerning this matter, please call:

Jose Martinez

Name of Person

at (

813 484-2975

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

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TALLAHASSEE, FL 32301

Waste-B-Gone, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Alicia Gonzalez	19349 Sunset Bay Dr.	<input type="checkbox"/> Add
		Land O' Lakes, Fla. 34638	<input checked="" type="checkbox"/> Remove
MGR	Jose Martinez	9609 Barnside PL.	<input checked="" type="checkbox"/> Add
		Tampa, Fla. 33635	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 21, 2014.



Signature of a member or authorized representative of a member

Jose Martinez

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA