

LO7000022802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

LO7-22802

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

OCT 23 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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No #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2008

SANDRA CASTILLO
15207 STONEBROOK DR.
SANFORD, FL 32773

SUBJECT: AMERICAN CUSTOM CABINETRY LLC
Ref. Number: L07000022802

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN CUSTOM CABINETRY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 408A00052742

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Custom Cabinetry 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:

Sandra Castillo

(Name of Person)

Sandra Castillo Tax Services

(Firm/Company)

15207 Stonebrook Dr

(Address)

Sanford, FL 32773

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Gustavo Rivas at (321) 946-6238
(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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<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)*

Dated SEPTEMBER-30, 2008



 Signature of a member or authorized representative of a member
JOSE LUIS RIVAS

 Typed or printed name of signee