

From: Roman Albano  
10/29/13

Fax: +1 (813) 445-7083

To: Jeraline

Fax: +1 (850) 245-6030

2 of 3 10/11/2013 2:32

Sign: [unclear]

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**L08000013910**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813) 932-5244

Fax Number : (813) 932-3782

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SESIN RESTORATION & CONTRACTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV - 1 PM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NC

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10/29/13

Fax: +1 (813) 445-7083  
12

To: Jeraline

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Division of Corporations

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TALLAHASSEE, FLORIDA  
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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: SESIN RESTORATION & CONTRACTING, 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:

**ANTHONY M. SESIN**

Name of Person

**CONTRACTORS REPORTING SERVICE, INC**

Firm/Company

**13795 N NEBRASKA AVE**

Address

**TAMPA, FL 33624**

City/State and Zip Code

**roman@activatemylicense.com**

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

For further information concerning this matter, please call:

**ROMAN ALBANO**

at

**(813) 932-5244**

Name of Person

Area Code &amp; 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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(((H13000240361 3)))

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>
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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Dated OCTOBER 292013

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

ROMAN ALBANO

\_\_\_\_\_  
 Typed or printed name of signee

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