

LO9000051949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

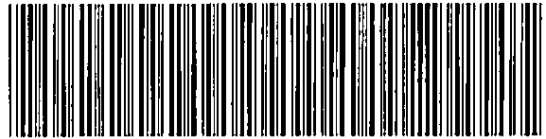
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ideal Installations 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:

Mark Rutigliano

\_\_\_\_\_  
Name of Person

Ideal Installations LLC

\_\_\_\_\_  
Firm/Company

3357 SW Hill St

\_\_\_\_\_  
Address

Port Saint Lucie, FL 34953

\_\_\_\_\_  
City/State and Zip Code

mark@idealinstall.com

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

For further information concerning this matter, please call:

Mark Rutigliano

561 436-7255  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Ideal Installation LLC**

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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TALLAHASSEE, FLORIDA

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**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 May 25, 2023

2023

*Mark Rothman*

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark Rutigliano

Typed or printed name of signer

**Filing Fee: \$25.00**