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(Business Entity Name)

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S. HAWKES
FEB 2 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ace of Scrubs Cleaning Services 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:

Luz M. Rivera

Name of Person

Ace of Scrubs Cleaning Services LLC
Firm/Company

12924 Maine Woods Ct

Address

Orlando, Florida 32824

City/State and Zip Code

luzmriv@yahoo.com

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

For further information concerning this matter, please call:

Luz M. Rivera

Name of Person

at (407)

346-2301

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

Ace of Scrubs Cleaning Services LLC

FILED
10 FEB - 1 PM 12:50
U.S. DEPT. OF JUSTICE
ST. LOUIS, MO 63101
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>
MGRM	Maria L. Rivera	1143 Madeira Key Way Orlando, Florida 32824	<input checked="" 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
			<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.)

Dated January 23, 2010.

Maria L. Rivera Luz M. Rivera
 Signature of a member or authorized representative of a member
Maria L. Rivera Luz M. Rivera
 Typed or printed name of signee