

L10000077270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

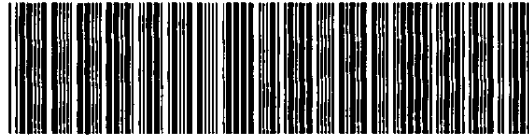
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 OCT 18 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 19 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SPOTLESS WET&WASH CLEANERS, 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:

**Marcian Bastian**

Name of Person

**Right Choice Property Preservations, LLC**

Firm/Company

**PO BOX 181**

Address

**ALACHUA/ FL 32616**

City/State and Zip Code

**etarantula@hotmail.com**

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

For further information concerning this matter, please call:

**Marcian Bastian**

Name of Person

at ( **352** )

**745-8452**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

**SPOTLESS WET&WASH CLEANERS, LLC**

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

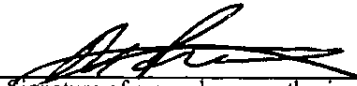
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 18 AM 10:36

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Dated October 14, 2010

  
Signature of a member or authorized representative of a member

Marcian Bastian

Typed or printed name of signee