

L11000116634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

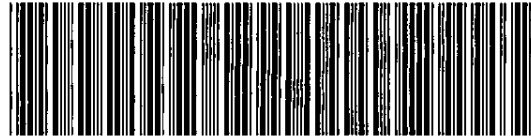
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 10 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2011

DILCIA P. RODAS  
P.O. BOX 552566  
CAROL CITY, FL 33055

SUBJECT: THE ACOSTA KIDS HANDYMAN, LLC  
Ref. Number: L11000116634

FILED  
11 NOV -9 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THE ACOSTA KIDS HANDYMAN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 811A00024123

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE ACOSTA KIDS HANDYMAN, 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:

DILICA P RODAS

Name of Person

THE ACOSTA KIDS HANDYMAN, LLC

Firm/Company

P.O. BOX 552566

Address

CAROL CITY, FLORIDA 33055

City/State and Zip Code

PAOLITA\_CDGK@YAHOO.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DILCIA P RODAS

Name of Person

at ( 786 )

487-0998

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

**THE ACOSTA KIDS HANDYMAN, 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>
MGR	DILCIA P RODAS	3861 N.W. 175 STREET	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input type="checkbox"/> Remove
MGRM	KEMIL D. ACOSTA	3861 N.W. 175 STREET	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<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 \_\_\_\_\_

Signature of a member or authorized representative of a member

Dilcia P. Rodas.

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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