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TALLAHASSEE FLORIDA

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EX-100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Commercial Cleaning Company, 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:

Leroy Lopez
Name of Person

Paradise Commercial Cleaning Company, LLC
Firm/Company

11480 Sandy Lane,
Address

Clearwater, FL 33755
City/State and Zip Code

morine.morine637@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morine Roach at (727) 666 8536
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Paradise Commercial Cleaning Company
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MORINE ROACH	1480 Sandy Lane	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33755	<input type="checkbox"/> Remove
MGR	Leroy Lopez	1480 Sandy Lane	<input type="checkbox"/> Add
		Clearwater, FL 33755	<input checked="" 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

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

MCIR will changed from
Leroy Lopez to Morine Roach
Office address remain the
Same.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 16, 2014.

L. Lopez

Signature of a member or authorized representative of a member

Lopez, Leroy

Typed or printed name of signee