

L12000100084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

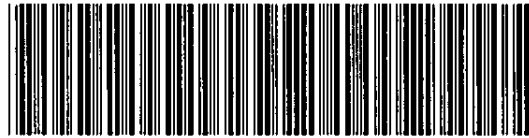
(Business Entity Name)

(Document Number)

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13 JUL 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 25 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ultimate Cleaning & Pressure Washing Sec
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:

Joe M. Brookins

Name of Person

Ultimate Cleaning & Pressure Washing Sec

Firm/Company

15415 Pine View Drive

Address

Tallahassee, FL 32301

City/State and Zip Code

J Brookins 44e Hot Mail.Com

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

For further information concerning this matter, please call:

Joe M. Brookins

Name of Person

at (678) 361-8918

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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Ultimate Cleaning & Pressure Washing Services LLC

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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.)

Dated _____, _____

Joe M. Brookins
Signature of a member or authorized representative of a member

Joe M. Brookins
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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