

L13000061144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

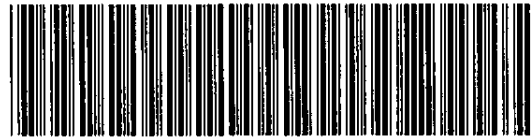
Certified Copies _____ Certificates of Status _____

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B. KOHR



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02/26/13--01019--004 **25.00

FILED
13 FEB 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Absolute Best Plumbing, 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:

Sara Alvarez

Name of Person

Absolute Best Plumbing, LLC

Firm/Company

6393 Hoffner Ave

Address

Orlando, FL 32822

City/State and Zip Code

pinones4622@aol.com

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

For further information concerning this matter, please call:

Sara Alvarez

407 729-0708

at ()

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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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13 FEB 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/27/13

CORPORATE DETAIL RECORD SCREEN

2:06 PM

NUM: L13000001144 ST:FL ACTIVE/FL LIM LIAB

FLD: 01/03/2013 EFF: 01/01/2013

LAST: LC AMENDMENT

FLD: 02/26/2013

TOTAL CONTR: 0.00

NAME : ABSOLUTE BEST PLUMBING, LLC

PRINCIPAL: 6393 HOFFNER AVENUE

ADDRESS ORLANDO, FL 32822

RA NAME : ALVAREZ, SARA

NAME CHG: 02/08/13

RA ADDR : 6393 HOFFNER AVENUE
ORLANDO, FL 32822 US

ANN REP : * NONE FILED *

Karen @ 405-818-3351

1. MENU, 3. MGR/MEM, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

*Wants amendment
filed to -
405-872-4107*

Absolute Best Plumbing, LLC

Page 1 of 3

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:

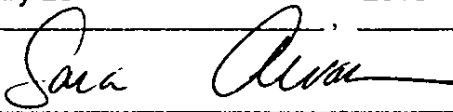
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	TAFYN BROOKS	6393 HOFFENER AVE.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32822	<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 February 25, 2013



Signature of a member or authorized representative of a member

Sara Alvarez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00