

L17000 17556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

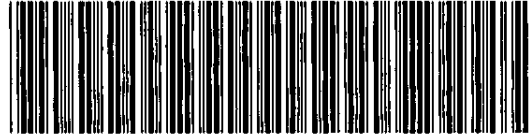
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samgford Cleaning & Services, 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:

Maria Reyes

Name of Person

Samgford Cleaning & Services, LLC

Firm/Company

7041 Grand National Dr. suite 121

Address

Orlando, FL 32819

City/State and Zip Code

samgfordservices@gmail.com

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

For further information concerning this matter, please call:

Maria Reyes

at 347 873-2066

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

Samgford Cleaning & Services, LLC

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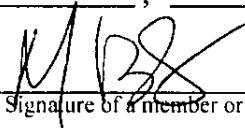
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I just would like to remove the name above and please no one is allow to add
or edit any information in this company besides Samuel Gamez and myself
Maria Reyes. Thanks in advance

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 April 13, 2015



Signature of a member or authorized representative of a member

Maria Reyes

Typed or printed name of signee

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Filing Fee: \$25.00

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