

U17000033969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

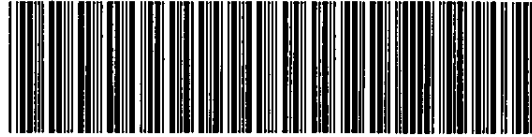
(Business Entity Name)

(Document Number)

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14 FEB 20 PM 3:26
2014

J. Stivers MAR 04 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

ROBERT JOA
12100 SW 132 CT SUITE 102
MIAMI, FL 33186

SUBJECT: HVAC INSTALLS AND SERVICE LLC
Ref. Number: L13000033969

We have received your document for HVAC INSTALLS AND SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00002100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HVAC Installs and Service 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:

Robert Joa
Name of Person
HVAC Installs and Service LLC
Firm/Company
12100 SW 132 COURT, suite 102
Address
Miami, FL 33186
City/State and Zip Code
hvacrobjoa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Joa at (305) 796-0276
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

HVAC Installs and Service LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
P	Robert Joa	12100 SW 132 court, suite 102 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M	Robert Joa	12100 SW 132 court, suite 102 Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	Christine Joa	12100 SW 132 court, suite 102 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Christine Joa	12100 SW 132 court, suite 102 Miami, FL 33186	<input checked="" 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 amehding any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 February 25, 2014.

Christine Joa

Signature of a member or authorized representative of a member

Christine Joa

Typed or printed name of signee

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Filing Fee: \$25.00

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