

L13000043181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP.

☐ WAIT

☐ MAIL

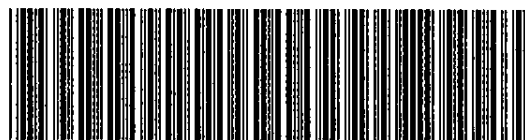
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/14/13--01001--023 **160.00

FILED
13 MAR 21 PM 1:53
TAL LAHESSE, FLORIDA
SOUTH WEST STATE

K. SALY
EXAMINER
MAR 22 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2013

CHRISTOPHER LEAL
16630 NW 65TH AVE.
TRENTON, FL 32693

SUBJECT: CHRIS'S PRO CLEAN L.L.C.
Ref. Number: W13000015483

We have received your document for CHRIS'S PRO CLEAN L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00006217

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chris'S Pro Clean
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Leal
Name of Person

Chris'S Pro Clean
Firm/Company

16630 NW 65th Ave
Address

Trenton, FL 32693
City/State and Zip Code

Criscol67@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Leal at (352) 949-3718
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$100 Filing Fee | <input type="checkbox"/> \$105 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$130 Filing Fee &
Certified Copy | <input type="checkbox"/> \$135 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chris's Pro Clean L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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13 MAR 21 PM 1:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

16650 NW 65th Ave
Trenton FL 32693

Mailing Address:

16650 NW 65th
Trenton FL 32693

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

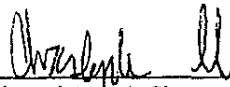
The name and the Florida street address of the registered agent are:

Christopher Leal
Name

16650 NW 65th Ave
Florida street address (P.O. Box **NOT** acceptable)

Trenton , FL 32693
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

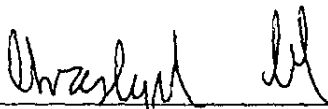
Christopher Leal
16650 NW 65th Ave
Trenton FL, 32693

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher Leal

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)