

L13000057424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

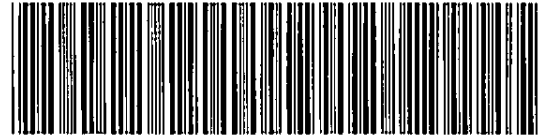
(Business Entity Name)

(Document Number)

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17 DEC -1 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESIDENTIAL RENOVATION & RESTORATION 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:

ANDREW DELGADO

Name of Person

RESIDENTIAL RENOVATION & RESTORATION LLC

Firm/Company

P.O. BOX 2219

Address

MARCO ISLAND, FL. 34146

City/State and Zip Code

SWFLRRR@GMAIL.COM

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

For further information concerning this matter, please call:

ANDREW DELGADO

239 465-7888
at ()

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

RESIDENTIAL RENOVATION & RESTORATION LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	ROBERT J FORD	29 20TH AVENUE SOUTH	<input type="checkbox"/> Add
		JACKSONVILLE, FL 34114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN WOODS	322 ROUTE 101	<input type="checkbox"/> Add
		AMHERST, NH 03031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

FEI/EIN # 82-3461101

17 DEC -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLA.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/27/2017

Signature of a member or authorized representative of a member

ANDREW DELGADO

Typed or printed name of signee