

L13 000 117489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

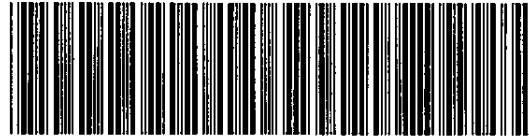
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TALLAHASSEE, FLORIDA

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T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MARZOL 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:

MIGUEL MARZOL

Name of Person

MARZOL SERVICES LLC

Firm/Company

921 SW GAITOR AVE

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

CARMENMARZOL@YAHOO.COM

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

For further information concerning this matter, please call:

MIGUEL MARZOL

Name of Person

at **772 626-0304**

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

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CALL ADVISORY 1-800-999-6804

MARZOL SERVICES 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>
MGRM	MIGUEL MARZOL	921 SW GAITOR AVE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL 32304
2013 NOV - 8 PM 1:00

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

Dated **NOVEMBER 5, 2013**



Signature of a member or authorized representative of a member

MIGUEL MARZOL

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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