

U13 000151663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2014

ADRIEL ARMAS
5011 W. HILLSBOROUGH AVE, STE N
TAMPA, FL 33634

SUBJECT: COMFORT RENT A CAR LLC
Ref. Number: L13000151663

We have received your document for COMFORT RENT A CAR LLC and your check(s) totaling \$35.00. 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 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 814A00002397

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

ADRIEL ARMAS
5011 W. HILLSBOROUGH AVE, SUITE N
TAMPA, FL 33634

SUBJECT: COMFORT RENT A CAR LLC
Ref. Number: L13000151663

We have received your document for COMFORT RENT A CAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 714A00001639

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comfort Rent A Car 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:

Adriel De Armas
Name of Person

Comfor Rent A car LLC.
Firm/Company

5011 w. Hillsborough Ave. suite N.
Address

Tampa, FL 33634
City/State and Zip Code

comfortrentacar1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriel De Armas at (813) 842-2969
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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CLERK OF COURT
TALLAHASSEE, FL

Comfort Rent A Car LLC

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>
MGR	Jessica Rivero	5011 W. Hillsborough Ave.	<input checked="" type="checkbox"/> Add
		Suite N.	<input type="checkbox"/> Remove
		Tampa, FL 33634	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

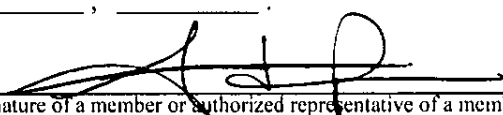
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____, _____


Signature of a member or authorized representative of a member

Adriel De Armas
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA