

L14000102838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

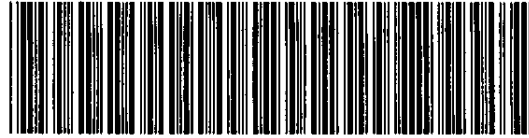
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/14--01012--012 **35.00

RECEIVED
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES
15 JAN -9 AM 10:00

FILED
2015 JAN -9 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JF AUTO PARTS SERVICE

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:

RUBEN PACHECO

Name of Person

TAXES & ACCOUNTING SERVICE

Firm/Company

8249 NW 36TH SUITE 120-A

Address

DORAL, FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

RUBEN PACHECO

305

4181585

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2014

RUBEN PACHECO
TAXES AND ACCOUNTING SERVICES
8249 NW 36 ST
DORAL, FL 33166

SUBJECT: J.F AUTO PARTS SERVICE, LLC
Ref. Number: L14000102838

We have received your document for J.F AUTO PARTS SERVICE, 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):

Please include the name of the company, the document number, and the file date on the application.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 714A00025067

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JF AUTO PARTS SERVICE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	JOSE ESTEBAN SENDAS	7300 W FLAGLER ST	<input checked="" type="checkbox"/> Add
		MIAMI,FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

2018 JAN -9 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

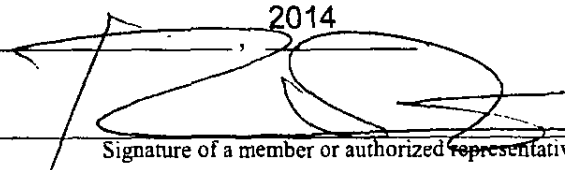
FILED

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 OCTOBER 28, 2014


Signature of a member or authorized representative of a member

FERNANDO PIRELA

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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