

2140001591604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

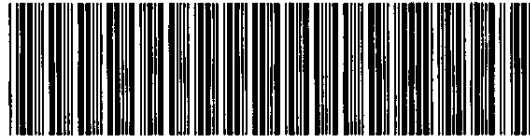
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267709660

12/30/14-01037--015 **25.00

FILED
2014 DEC 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 13 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Countertop Cleaning and Restoration 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:

Eric Vogel

Name of Person

Countertop Cleaning and Restoration Services, LLC

Firm/Company

14361 Cedar Hill Dr.

Address

Winter Garden, FL , 34787

City/State and Zip Code

ericnv23@hotmail.com

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

FILED
2004 DEC 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Eric Vogel

407 925-3796

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

Countertop Cleaning and Restoration Services, 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>
AMBR	Eric Vogel	14361 Cedar Hill Dr	<input checked="" type="checkbox"/> Add
		Winter Garden Fl 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 DEC 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Changing address of Principal, Mailing, Registered Agent, and Authorized person

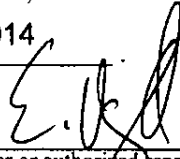
from 690 Cascading Creek Lane to 14361 Cedar Hill Dr, 34787

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 **12/16**

2014



Signature of a member or authorized representative of a member

Eric Vogel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 DEC 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA