

L14000187250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

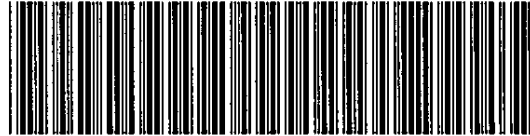
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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R.A. sign

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2016 AUG 26 P 2:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 29 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2016

JOHANNA PARDO  
1130 E. DONEGAS AVE, SUITE 4  
KISSIMMEE, FL 34744

SUBJECT: A+ RESTORATIONS SERVICES LLC  
Ref. Number: L14000187250

We have received your document for A+ RESTORATIONS SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 616A00017049

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A+ RESTORATIONS 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:

JOHANNA PARDO

Name of Person

A+ RESTORATIONS SERVICES LLC

Firm/Company

1130 E. DONEGAN AVE, SUITE 4

Address

KISSIMMEE, FL, 34744

City/State and Zip Code

aplusrestorations15@gmail.com

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

For further information concerning this matter, please call:

ELHA K. MALDONADO

Name of Person

at ( 407 )

Area Code

978-6365

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

## A+ RESTORATIONS SERVICES LLC

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TREASURY, FLORIDA  
2018 JUN 26 P 2 32  
☐ Change  
☐ Add  
☐ Remove  
☐ Change

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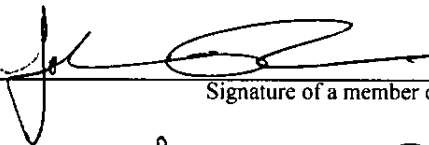
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 JULY 22, 2016



Signature of a member or authorized representative of a member

Johanna Pardo

Typed or printed name of signee

FILED  
2016 JUL 26 P 2:33  
SECRETARY OF STATE  
TAMPA, FLORIDA