

L15000023681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

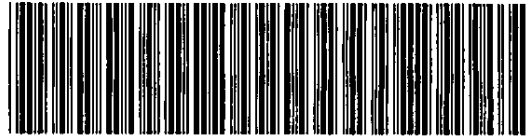
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Burch on 16.2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Serrano Carpentry and Handyman 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:

Ariel Serrano

Name of Person

Serrano Carpentry and Handyman Services LLC.

Firm/Company

107 Lochness lane

Address

Kissimmee Fla 34743

City/State and Zip Code

arielserrano2@gmail.com

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

For further information concerning this matter, please call:

Ariel Serrano

at (407) 535-1543

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

ARIEL SERRANO
107 LOCHNESS LANE
KISSIMMEE, FL 34743

SUBJECT: SERRANO CARPENTRY AND HANDYMAN SERVICES LLC
Ref. Number: L15000023681

We have received your document for SERRANO CARPENTRY AND HANDYMAN SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

If you want to add yourself on the LLC filing then you need to complete section C on page 2 of the Amendment.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 415A00006309

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	Ariel Serrano	107 Lochness Lane	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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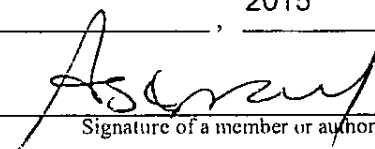
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 TALLAHASSEE, FLORIDA

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: 4/10/2015 (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 March 6, 2015



Signature of a member or authorized representative of a member
Ariel Serrano

Typed or printed name of signee

15 APR 19 PM 1:58
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 APR 19