

L15000070846

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(Address)

(Address)

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DIVISION OF CORPORATIONS

NOV 21 2016  
O SIMMONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

JULIAN NAYLOR  
14549 LANIER CT  
NAPLES, FL 34114

SUBJECT: AUTOMATION CONSULTANT SERVICES, LLC  
Ref. Number: L15000070846

RECEIVED  
2016 NOV 17 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AUTOMATION CONSULTANT 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):

Section 605.0203(1), 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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 316A00023560

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUTOMATION CONSULTANT 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:

JULIAN NAYLOR

Name of Person

AUTOMATION CONSULTANT SERVICES LLC

Firm/Company

14549 LANIER CT.

Address

NAPLES, FL, 34114

City/State and Zip Code

AUTOPHARM SYSTEMS @ OUTLOOK.COM

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

For further information concerning this matter, please call:

JULIAN NAYLOR

Name of Person

at ( 706 )

Area Code

508 2894

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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