

L15000188789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

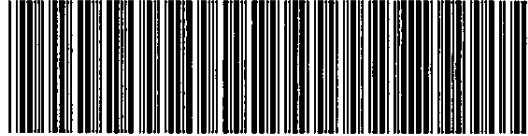
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-Accounting and Tax, 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:

Rosadairis Sorante
Name of Person

E-Accounting and Tax, LLC.
Firm/Company

6790 NW 186 St # 416
Address

Hiawah, FL 33015
City/State and Zip Code

info@eaccountingandtax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosadairis Sorante at (786) 556-4383
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

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TALLAHASSEE, FLORIDA

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E-Accounting and Tax, LLC.

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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	Rosadairis Sorante	6750 NW 186 th St	<input type="checkbox"/> Add
		# 416	<input type="checkbox"/> Remove
		Hialeah, FL 33015	<input checked="" type="checkbox"/> Change
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