

L16000010435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

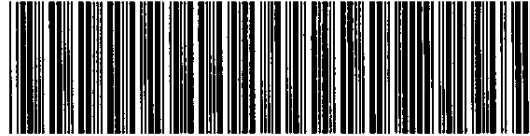
(Business Entity Name)

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SECRETARY OF STATE
TAMPA FLORIDA

S Warren

JUN 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sherman's Cleaning, 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:

Jaime Long

Name of Person

Rosenn, Jenkins & Greenwald, L.L.P.

Firm/Company

15 South Franklin Street

Address

Wilkes-Barre, PA 18711-0075

City/State and Zip Code

jlong@rjglaw.com

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

For further information concerning this matter, please call:

Jaime Long

570
at ()

826-5642

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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.

Dated June 20, 2016

_____, _____, _____
Dina Sherman

 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Gina Sherman (AMBR)

Gina Sherman
Typed or printed name of signee

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TALLAHASSEE, FLORIDA