

46000017035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

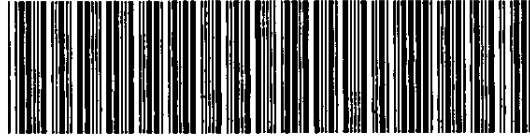
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
2016 MAR 14 AM 8:01

MAR 15 2016  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IMPRESSIVE COSTUM AUTO BODY AND PAINT 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:

CRAIG HOLLANDER

Name of Person

C HOLLANDER AND ASSOCIATES LLC

Firm/Company

1515 N UNIVERSITY DR STE 203A

Address

CORAL SPRINGS FL 33071

City/State and Zip Code

PROCOUNT1@AOL.COM

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

For further information concerning this matter, please call:

CRAIG HOLLANDER

954 346-9119  
at ( )

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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10 MAR 14 PM 4:29

## IMPRESSIVE CUSTOM AUTO BODY AND PAINT LLC

Page 1 of 3

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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STATE  
SECRETARY OF  
TALLAH  
FEB 14 2004

1). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE  
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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 FEBRUARY 29 2016

✓ 9th Oct

Signature of a member or authorized representative of a member

WILLIAM A GANTE

Typed or printed name of signee

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**Filing Fee: \$25.00**