

L16000090833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

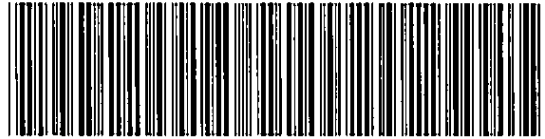
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M. MILLIGAN
OCT 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AAA Sew-Vac

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:

Nancy Hardee

Name of Person

AAA Sew-Vac

Firm/Company

741 S. Orange Blossom Trail

Address

Apopka, Florida 32703

City/State and Zip Code

AAASEWNVAC@AOL.COM

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

For further information concerning this matter, please call:

Nancy G Hardee

407

886-4666

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

AAA Sew-Vac

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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>
AP	Darren Hardee	2347 Sebastian Street	<input checked="" type="checkbox"/> Add
		Mount Dora, Fl. 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Christina Hardee	2347 Sebastian Street	<input checked="" type="checkbox"/> Add
		Mount Dora, Fl. 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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 October 11, 2018

Nancy S. Harder
Signature of a member or authorized representative of a member

Typed or printed name of signee