

L16000097493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: •

Spoke to Woodhine on
3/27/18 to add LLC at
end of name

win-14365

Office Use Only.



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03/07/17--01015--018 **25.00

FILED

18 MAR 27 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

MAR 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

WOODINE GEFFRARD
1620 S OCEAN BLVD
16-P
POMPANO BEACH, FL 33062

SUBJECT: SMARTBOOKS TAX SERVICES LLC
Ref. Number: L16000097493

We have received your document for SMARTBOOKS TAX SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 117A00009359



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2017

WOODINE GEFFRARD
1620 S OCEAN BLVD, 16-P
POMPANO BEACH, FL 33062

SUBJECT: SMARTBOOKS TAX SERVICES LLC
Ref. Number: L16000097493

We have received your document for SMARTBOOKS TAX 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):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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: 417A00004451

2017 MAY -5 AM 10:25
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMARTBOOKS TAX 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:

WOODINE GEFFRARD

Name of Person

Firm/Company

1620 S OCEAN BLVD 16-P

Address

POMPANO BEACH, FLORIDA, 33062

City/State and Zip Code

WGEFFRARD@YAHOO.COM

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

For further information concerning this matter, please call:

WOODINE GEFFRARD

407

409-6226

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

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
MAR 27 AM 8:16
SEC. OF STATE
TALLAHASSEE, FLORIDA

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

FILED
MAR 27 AM 8:16
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 2/26/17

Worthing Cuffard

Signature of a member or authorized representative of a member

Woodine Jefford

Typed or printed name of signee