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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2016

XAVIER LORENZO 4519 RIVER FRONT LANE, APT. S101 TAMPA, FL 33603

SUBJECT: MY LIMO AND CAR SERVICES LLC Ref. Number: L16000154281

We have received your document for MY LIMO AND CAR 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 document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 416A00018133

COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: My Limo And Car Services 110 Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person Name of Person My Limo and Car Services Firm/Company

4519 Qiver Front Ln Apt 5101 Address

Tampa Florida 33603 City/State and Zin Code

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xaure Lorenzo at (<u>305</u>) <u>500 0573</u> Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS: **Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

S25 Filing Fee

\$30 Filing Fee & Certificate of Status

\$55 Filing Fee & **\$60** Filing Fee, Certified Copy Certificate of Status & Certified Copy

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| | | w registered esignation). | agent, if app | blicable :(| NOTE: if | correctin | g the regis | tered agen | it, the ne | w regi | stered a | igent must sign |
| New P | enisterer | d Agent's Sig | nature if of | anging P | egistered | Agent | | | | | | |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

tered Agent's Signature

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)