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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2016 SEP -7 PM 12:44

FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLISSVOGAGES LLC

Certificate of Status	1
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Estimated Charge	\$30.00

FLORIDA
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SEP 08 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLISSVOGAGES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILMER VELASQUEZ

Name of Person

BLISSVOGAGES LLC

Firm/Company

213 KNIGHT LAND CT.

Address

ORLANDO, FL 32824

City/State and Zip Code

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

For further information concerning this matter, please call:

WILMER VELASQUEZ

551 574-8330
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

STATE OF FLORIDA
TALLAHASSEE

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SEP-07-2016 12:02 From:

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

Title	Name	Address	Type of Action
			<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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 INDIANAPOLIS, IN

		2018 SEP - 7 A 10:22
		STATE OF FLORIDA
		TALLAHASSEE

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7-1-61

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(b) The 90th day after the record is filed.

Dated SEPTEMBER 7 2016

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00