

L17000000561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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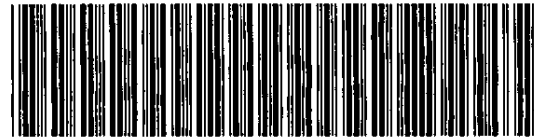
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNCO, L.L.C.

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:

Name of Person

CNCO, L.L.C.

Firm/Company

301 E. OAK RIDGE ROAD

Address

ORLANDO, FL. 32809

City/State and Zip Code

standardautoservices407@gmail.com

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

For further information concerning this matter, please call:

JOSE COBOS

973 796-8608

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

MGR = Manager
AMBR = Authorized Member

☐ Remove
☒ FEB 6
☐ Change
☐ Add
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Dated FEB 1ST, 2017

JOSE E. COBOS

Filing Fee: \$25.00