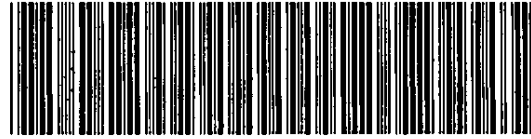


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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central Florida Precision Installations LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wuendys Sereijo Fonseca  
Name of Person

Central Florida Precision Installations LLC  
Firm/Company

2539 Lady Jo Way  
Address

Orlando, FL 32807  
City/State and Zip Code

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

For further information concerning this matter, please call:

Wuendys Fonseca at ( 407 ) 335-2683  
Name of Person Area Code & Daytime Telephone Number

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



**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>
AMBR	Eduardo Verdecia Jr.	4741 Petal Pawpaw Dr	<input type="checkbox"/> Add
		St. Cloud, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eduardo Verdecia	4741 Petal Pawpaw Dr	<input type="checkbox"/> Add
		St. Cloud, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2010 APR - 8 PM 2:58  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 3/24/18

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Typed or printed name of signee

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