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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

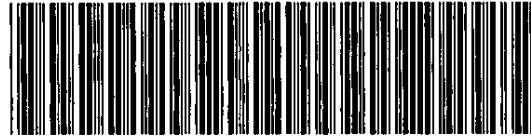
(Business Entity Name)

(Document Number)

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O SIMMONS

APR 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & A SERVICES OF SOUTH FL, 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:

VITO PAGILLO

Name of Person

C & A SERVICES OF SOUTH FL, LLC

Firm/Company

5760 SW 38TH COURT

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

PROFTAX1111@AOL.COM

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

For further information concerning this matter, please call:

THOMAS OROURKE, CPA

561 2677448
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

2 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>
MGR	VITO PAGILLO, OWNER	5760 SW 38TH COURT	<input checked="" type="checkbox"/> Add
		DAVIE, FLORIDEA 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

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

4/7 12, 2017

4/7, 2017
Signature of a member or authorized representative of a member

THOMAS O'ROURKE, CPA

Typed or printed name of signee