

L17000091827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

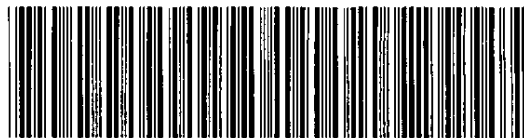
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/05/17--01002--003 **25.00

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2017 JUN -2 P 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 02 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MATTRESS DOCTOR 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:

WATKINS FESSAL
Name of Person

MATTRESS DOCTOR LLC
Firm/Company

15616 STARLITE STREET
Address

CLERMONT FLORIDA 34714
City/State and Zip Code

mattressdoctorllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Perez at (407) 516 2685
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

WATKINS FESSAL
15616 STARLITE STREET
CLERMONT, FL 34714

SUBJECT: MATTRESS DOCTOR L.L.C
Ref. Number: L17000091827

We have received your document for MATTRESS DOCTOR L.L.C, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A00009757

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Mattress Doctor h.l.c

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2017 JUN -2 5:01
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TALLAHASSEE, FLORIDA

If amehding 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	Baleska Perez	15616 Starlite Street	<input checked="" type="checkbox"/> Add
		Clermont, Florida, 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

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)

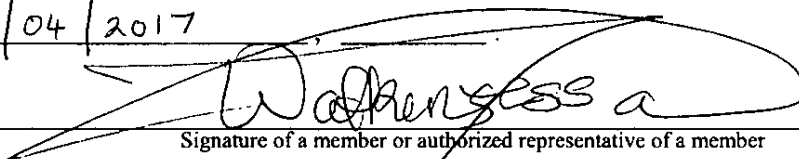
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/04/2017



Signature of a member or authorized representative of a member

WATKINS FESSAL

Typed or printed name of signee