

12/8/2020

Division of Corporations

L17000126845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: MAYRA@LARSONACC.COM

2020 DEC -8 PM 4:51

RECEIVED

2020 DEC -8 PM 12:11

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEST ORANGE PAVERS, LLC**

Certificate of Status	1
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST ORANGE PAVERS, 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:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICE LLC

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FL, 32819

City/State and Zip Code

MAYRA@LARSONACC.COM

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

2020 DEC -6 PM 4:51

For further information concerning this matter, please call:

CAROLINE G LARSON

407 370-3686

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	FELIPE GIACOMO SCHUMACK	569 FIRST CAPE CORAL DRIVE	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HENRIQUE PIO SCHUMARCKE	569 FIRST CAPE CORAL DRIVE	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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