

L17000172562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

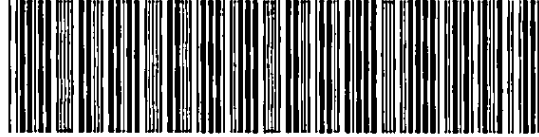
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300307130743

01/02/19--01022--005 **25.00

2019 JAN -2 2:11:48
C. J. HARRIS

JAN 04 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM HARBOR CLEANING, INC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA HUGULEY

Name of Person

PALM HARBOR CLEANING LLC

Firm/Company

1624 EAST ORANGESIDE ROAD

Address

PALM HARBOR, FL 34683

City/State and Zip Code

debrahuguley76@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

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	JASON HUGULEY	1624 EAST ORANGESIDE ROAD	<input type="checkbox"/> Add
		PALM HARBOR FL 34683	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DEBRA HUGULEY	1624 EAST ORANGESIDE ROAD	<input type="checkbox"/> Add
		PALM HARBOR FL 34683	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated December 29, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee

4-11-18 2-11-03