

117000190627

(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



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10/02/17--01043--025 **25.00

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17 OCT 17 PM 12:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

EMANUELY NIEVES
601 COMMONS LANE
PALM BEACH GARDENS, FL 33418

SUBJECT: A&N PAINTING,L.L.C
Ref. Number: L17000190627

We have received your document for A&N PAINTING,L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

EMANUELY NIEVES IS ALREADY THE REGISTERED AGENT

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00019974

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A&N Painting, 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:

Emauely Nieves

Name of Person

A&N Painting, LLC

Firm/Company

601 Commons Lane

Address

Palm Beach Gardens, 33481

City/State and Zip Code

eknieves@gmail.com

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

For further information concerning this matter, please call:

Emanuely Nieves

561 222-8688

at ()
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

FILED
JAN 17 PM 2:03
1701T 17
Registered Agent
03

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>
p	Emanuely Nieves	601 Commons lane, PBG, FL 3341	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
p	Kim Nieves		<input type="checkbox"/> Add
		601 Commons Lane, PBG, FL 334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 17 OCT 17 PM 12:03
 OFFICE OF THE STATE
 ATTORNEY
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Emanuel Nieves
Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA