

L17 000 221966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

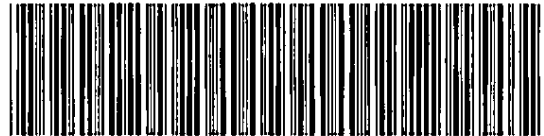
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN 11 PM 16:00
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2018

ELSA RUBIO
2030 S OCEAN DR, APT 801
HALLANDALE BEACH, FL 33009

SUBJECT: MACTOT SERVICES & CONSULTING LLC
Ref. Number: L17000221966

We have received your document for MACTOT SERVICES & CONSULTING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

PAGE 3 IS MISSING.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00010767

RECEIVED

2018 JUN 11 PM 12:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACTOT SERVICES & CONSULTING LLC.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elsa Rubio.
(Contact Person)

MACTOT SERVICES & CONSULTING LLC.
(Firm/Company)

2030 S OCEAN DR Apt 801
(Address)

HALLANDALE BEACH FL, 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Isis Isabel at (954) 6005801
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

MACTOC SERVICES & CONSULTING LLC

Page 1 of 3

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	Elsa Rubio	2030 S Ocean Dr Apt 801	<input type="checkbox"/> Add
		Hallandale Beach	<input checked="" type="checkbox"/> Remove
		FL 33009	<input type="checkbox"/> Change
MGR	Marcelo Spotano	2030 S Ocean Dr Apt 801	<input checked="" type="checkbox"/> Add
		Hallandale Beach	<input type="checkbox"/> Remove
		FL 33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove: Elsa Rubio

Add: MARCELO SpotoRNO

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 06/05/2018

SpotoRNO Marcelo
Signature of a member or authorized representative of a member

SpotoRNO Marcelo
Typed or printed name of signee