

L17000234655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

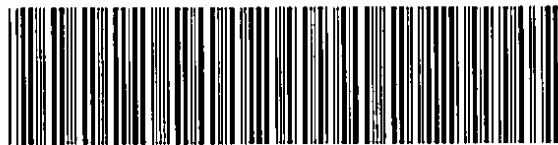
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12/04/17--01014--019 \*\*25.00

17 DEC -4 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STAK, 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.

Stephen Tsalkas  
Name of Person

SET Professional Svcs Corp  
Firm/Company

2032 Montego Ct  
Address

Gidds, FL 34677  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephen Tsalkas at (727) 251 5125  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STAK, 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	SET Prof Serv Inc	2032 Montego Ct	<input type="checkbox"/> Add
		Oldsmir FI 34677	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SET Professional Svcs Corp.		<input checked="" type="checkbox"/> Add
		2032 Montego Ct	<input type="checkbox"/> Remove
		Oldsmir, FI 34677	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

Doc # of SEI that  
needs to be added is  
P16000040864  
- Original document was filed  
with name error.

17 DEC -4 AM 9:30  
SECRETARY OF STATE  
FALLMANSSTREET 1000

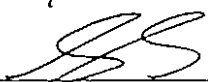
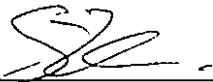
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12/1/17

   
Signature of a member or authorized representative of a member

Stephen Tsolkas c/o Set Professional Svcs Corp.  
Typed or printed name of signer

**Detail by Entity Name**

Florida Limited Liability Company  
STAK, LLC

**Filing Information**

**Document Number** L17000234655  
**FEI/EIN Number** NONE  
**Date Filed** 11/13/2017  
**Effective Date** 11/13/2017  
**State** FL  
**Status** ACTIVE

**Principal Address**

1961 WOOD BEND ST.  
TARPON SPRINGS, FL 34689

**Mailing Address**

1961 WOOD BEND ST.  
TARPON SPRINGS, FL 34689

**Registered Agent Name & Address**

KATSARELIS, ANTHONY J  
1961 WOOD BEND ST.  
TARPON SPRINGS, FL 34689

**Authorized Person(s) Detail****Name & Address**

Title MGR

SET-PROF SERV INC  
2032 MONTEGO CT  
OLDSMAR, FL 34677

Title MGR

KATSARELIS, ANTHONY J  
1961 WOOD BEND ST.  
TARPON SPRINGS, FL 34689

**Annual Reports**

No Annual Reports Filed

**Document Images**

11/13/2017 Florida Limited Liability

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*name incorrect,  
please correct*

**Detail by Entity Name**

Florida Profit Corporation

SET PROFESSIONAL SVCS CORP

**Filing Information****Document Number** P16000040864**FBI/EIN Number** 81-2525697**Date Filed** 05/05/2016**Effective Date** 05/05/2016**State** FL**Status** ACTIVE**Principal Address**

2032 MONTEGO CT

OLDSMAR, FL 34677

**Mailing Address**

2032 MONTEGO CT

OLDSMAR, FL 34677

**Registered Agent Name & Address**

TSOLKAS, STEPHEN

2032 MONTEGO CT

OLDSMAR, FL 34667

**Officer/Director Detail****Name & Address**

Title P

TSOLKAS, STEPHEN

2032 MONTEGO CT

OLDSMAR, FL 34677

**Annual Reports**

Report Year	Filed Date
2017	01/09/2017

**Document Images**

01/09/2017 - ANNUAL REPORT	<a href="#">View image in PDF format</a>
05/05/2016 - Domestic Profit	<a href="#">View image in PDF format</a>