

L 18000108076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

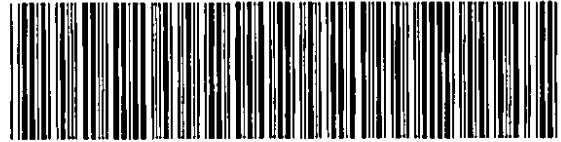
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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STATE
TALLAHASSEE, FLORIDA

✓ SALY
SEP 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2018

MILTON RODRIGUEZ
P.O. BOX 211
INTERLACHEN, FL 32148

SUBJECT: M RODRIGUEZ PAINTING LLC
Ref. Number: L18000108076

RECEIVED
2018 SEP 10 PM 3:45

We have received your document for M RODRIGUEZ PAINTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00017881

APOLOGIES. THANK YOU, KAREN!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M RODRIGUEZ 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:

MILTON RODRIGUEZ

Name of Person

Firm/Company

P.O. BOX 211

Address

INTERLACHEN, FL 32148

City/State and Zip Code

1967MILTONRODRIGUEZ@GMAIL.COM

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

For further information concerning this matter, please call:

MILTON RODRIGUEZ

386

983 - 9492

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

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>
PRES	MILTON RODRIGUEZ	100 MATHE AVE	<input type="checkbox"/> Add
		INTERLACHEN, FL 32148	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SECR	ADLIN TORRES CARABALLO	121 GUY AVE	<input checked="" type="checkbox"/> Add
		INTERLACHEN, FL 32148	<input 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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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TALLAHASSEE FLORIDA

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 AUGUST 28, 2018

AUGUST 28, 2018
 [Signature]
 [Signature]

Signature of a member or authorized representative of a member

Milton LODRIGUEZ

Typed or printed name of signee