

LI8000109505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

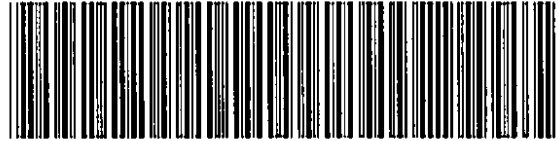
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG -3 AM 10:05

N COOPER

AUG 09 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lucky repair service 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:

Paul Luciano

\_\_\_\_\_  
Name of Person

Lucky repair service

\_\_\_\_\_  
Firm/Company

20 Burnham Ln.

\_\_\_\_\_  
Address

Palm Coast Fl. 32137

\_\_\_\_\_  
City/State and Zip Code

nyguyfl37@yahoo.com

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

For further information concerning this matter, please call:

Paul Luciano

386

569-5044

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

## 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	Paul Luciano	20 Burnham Ln. Palm Coast, FL 32137	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)*

I am amending the (Authorized Person) section from (none) to Paul Luciano.

I would also like to add EIN# 83-1389449 to my filing.

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DIVISION OF CORPORATIONS  
18 AUG -3 AM 10:05

**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:

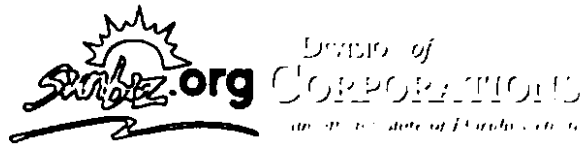
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Paul Luciano

\_\_\_\_\_  
Typed or printed name of signee



Department of State / Division of Corporations / Search Records / Detail By Document Number /

**Detail by Entity Name**Florida Limited Liability Company  
LUCKY REPAIR SERVICE LLC.**Filing Information**

Document Number	L18000109505
FBI/EIN Number	NONE 03-1389449
Date Filed	05/01/2018
Effective Date	04/30/2018
State	FL
Status	ACTIVE

**Principal Address**20 BURNHAM LN.  
PALM COAST, FL 32137**Mailing Address**20 BURNHAM LN.  
PALM COAST, FL 32137**Registered Agent Name & Address**LUCIANO, PAUL  
20 BURNHAM LN.  
PALM COAST, FL 32137**Authorized Person(s) Detail**NONE Paul Luciano 20 Burnham Ln.  
Palm Coast FL 32137**Annual Reports**

No Annual Reports Filed

**Document Images**

05/01/2018 -- Florida Limited Liability

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