

L18000122660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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18 AUG 16 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECTIONS  
AUG 21 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2018

BENITO SOCAS  
4211 W WOODLAWN AVE, APT B  
TAMPA, FL 33614

SUBJECT: BENITO SOCAS TREE SERVICE LLC  
Ref. Number: L18000122660

We have received your document for BENITO SOCAS TREE SERVICE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P17000084618.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 118A00015089



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Division of Corporations  
1901 E. Bay Street  
Tampa, FL 33602

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BENITO SOCAS TREE 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:

BENITO SOCAS  
Name of Person

Firm/Company

4211 W WOODLAWN AVE APT B  
Address

TAMPA, FL, 33614  
City/State and Zip Code

benitosocas@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILMAR ARISTIZABAL at ( 813 ) 842-6429 10am-6pm  
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



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>
_____	_____	_____	<input 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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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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