

L18000178955

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC
Account Number : I20210000039
Phone : (407)374-2329
Fax Number : (407)412-5926

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY -7 PM 4:50

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAINTERS SOLUTIONS OF FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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US
5/10/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINTERS SOLUTIONS OF FLORIDA 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

SERVICES@DOMINIUM CS.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

CAMILA

407

374-2329

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

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>
AMBR	Paula Cristina Daniel	2254 Mountain Spruce St	<input checked="" type="checkbox"/> Add
		Ocoee - FL - 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fabio Luiz Michica	2254 Mountain Spruce St	<input type="checkbox"/> Add
		Ocoee - FL - 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vânia Maria C Frugoli Madalozzo	3315 Flamborough Dr	<input checked="" type="checkbox"/> Add
		Orlando FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

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) this date will not be listed as the effective date of the filing.

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 April 29th, 2021

Fabio Michica

Signature of a member or authorized representative of a member

FABIO LUIZ MICHICA

Typed or printed name of signee