

L190000 15979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

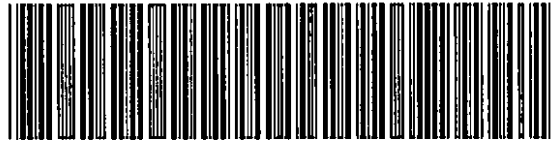
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/20--01017--002 **30.00

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05/21/20

11:00

COVER LETTER

TO: Registration Section
Division of Corporations

PG KITCHEN & BATH SPECIALISTS, LLC

SUBJECT: _____
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:

PAMELA GOYETTE

Name of Person

PG KITCHEN & BATH SPECIALISTS

Firm/Company

1185 BLUE EAGLE TRAIL

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

pamgoyetteinteriors@ymail.com

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

For further information concerning this matter, please call:

Pamela Goyette

904 8870120

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2000-01-21 PM 7:26

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(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)

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.

Pamela Wolfe
Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00