

L19000059842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

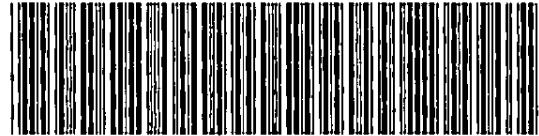
(Business Entity Name)

(Document Number)

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AND
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2019 MAR 27 PM 6:31
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T.G.
04/05/19

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: QUALITY AIR HEATING AND COOLING, 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:

ANTHONY T BEKO

Name of Person

Firm/Company

2712 GARDEN FALLS DR.

Address

BRANDON, FL 33511

City/State and Zip Code

ABEKO.QUALITYAIR@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FL 09174

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For further information concerning this matter, please call:

ANTHONY T BEKO

813

382-3858

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>
MGR	Anthony T Beko	2712 Garden Falls Dr. Brandon, FL 33511	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALLIANCE FL 10010

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

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EDUCATION

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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 March 21, 2019


Signature of a member

Signature of a member or authorized representative of a member

Anthony T Beko

Typed or printed name of signee