

L19000079937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

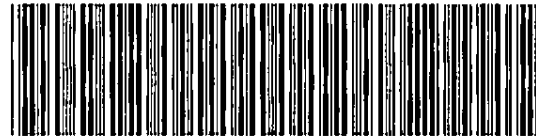
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/11/19--01017--011 **125.00

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19 MAR 27 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 27 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: E&C VALET LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMIL COSTELLO
Name of Person
E&C VALET LLC
Firm/Company
2564 GUAVA DRIVE
Address
PORT ORANGE FL 32128
City/State and Zip Code
TONYG@METRA-AUTOSOUND.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMIL COSTELLO 386 5470523
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2019

EMIL COSTELLO
2564 GUAVA DRIVE
PORT ORANGE, FL 32128

SUBJECT: E&C VALET LLC
Ref. Number: W19000016453

We have received your document for E&C VALET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 619A00003509

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19 MAR 27 AM 9:10
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EMIL COSTELLO

2564 GUAVA DR

PORT ORANGE FL 32128

MGR

CHRIS FUSCO

952 NORTHBROOK DRIVE

ORMOND BEACH FL 32174

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/09/19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

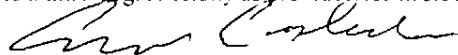
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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