To: 18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number : (407)520-5473

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

Email	Address:				

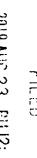
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COVER LETTER

TO:

Registration Section Division of Corporations

MANCERA PRESSURE WASH-PROS CLEANING LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please roturn all correspondence concerning this matter to the following:

LAURIE CEBALLOS ORTEGA

Name of Person

MANCERA PRESSURE WASH-PROS CLEANING LLC

Firm/Company

4225 THORNBRIAR LANE #308

Address

ORLANDO, FL 32822

City/State and Zip Code

LAURIECEB28@GMAIL.COM

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

For further information concerning this matter, please call:

LAURIE CEBALLOS ORTEGA

_{...}845

371-8926

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 Filing Fee

S30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

S60 Filing Fcc, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		Filing Fee: Certifled Copy:	\$25.00 \$30.00 (optional)	
		Registered Ages	nt's Signature	
New P I herel provis obliga reflect	ing the (legistere by acceptions of a	we registered agent, if applicable: (NOTE: if correct designation). A Agent's Signature, if changing Registered Agent: at the appointment as registered agent and agree to a all statutes relative to the proper and complete performy position as registered agent as provided for in Cinge in the registered office address, I hereby confirm to	ct in this capacity. I further agree to comply mance of my duties, and I am familiar with tapter 605, F.S. Or, if this document is being	with the and accept the g filed to merel
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