

# L19000203662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

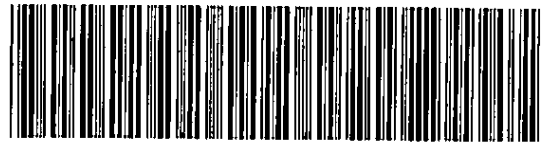
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SEP 10 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2019

PABLO M. REYNA  
1292 E 10TH ST  
APOPKA, FL 32703

SUBJECT: NUMBER 1 FLOOR DOCTOR, LLC  
Ref. Number: L19000203662

We have received your document for NUMBER 1 FLOOR DOCTOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 719A00018084

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** Number 1 Floor Doctor, 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:

Pablo M. Reyna

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Name of Person \_\_\_\_\_

Number 1 Floor Doctor, LLC

Firm/Company
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1292 E 10th Street

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Address

City/State and Zip Code

Newells1903@gmail.com

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

For further information concerning this matter, please call:

For further information concerning this brand, please call:

Pablo M. Reyna at (407) 719-7224

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee &      ☐ \$55.00 Filing Fee &      ☐ \$60.00 Filing Fee,

Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
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(additional copy is enclosed)                      Certified Copy  
 (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations

Registration Section  
Division of Corporations

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Registration Section  
Division of Corporations

Registration Section  
Division of Corporations

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

## ED

2019 Aug '23 AM 11:45

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08/09/2019

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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**

[illegible]

[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:

Dated September 11, 2019

Reema  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Pablo M. Revna

Typed or printed name of signee