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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Best Cleaning & Restore LLC	
SUBJECT:	Limited Liability Company
Dear Sir or Madam:	Eminted Liatolity Company
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Berrios de Nieto Bethzaida G.	
Name of Person	
-CAT	
Firm/Company	
8025 Baymeadows Cir. E. 506	
Address	
Address	
Jacksonville / Florida 32256	
City/State and Zip Code	
bestcleaningandrestore@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Berrios de Nicto Bethzaida G.	786 6783209
Name of Person at (Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount	nt:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
NHS18 (2/14)	••

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June 20, 2020

·: ::

BETHZAIDA BERRIOS 8025 BAYMEADOWS CIRCLE E #506 JACKSONVILLE, FL 32256

SUBJECT: BEST CLEANING & RESTORE LLC

Ref. Number: L19000204575

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document is incomplete.

The registered agent must sign accepting the designation.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 920A00012234

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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i	or the laws of the second of the regist mited liability unbers of the l	ss of the registered of mited liability comp embers of the limited at of the limited liabi	er the laws of the State of Florida, it is has of the registered office and the busine mited liability company, it is hereby combers of the limited liability company of the limited liability company. Berrios de Nieto Bethzaida G