

L19000 228 041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

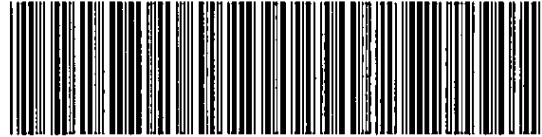
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SULKER

OCT 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Shot Cleaning LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Stewart Wilkes
Name of Person

One Shot Cleaning LLC
Firm/Company

1455 Baytowne Ave East
Address

Miramar Beach FL 32550
City/State and Zip Code

swilkes11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Stewart Wilkes at (850) 487-0010
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

One Shot Cleaning, LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

Page 1 of 3

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	Richard S. Wilkes	1455 Bayshore Ave E	<input checked="" type="checkbox"/> Add
		Miramar Beach, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

~~09/25/2019~~ Effective Date of filing: (optional) 09/09/2019

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.

Dated _____, _____

Giovanna V. G. Anticoli
Signature of a member or authorized representative of a member

Giovanna Valtierra Yurazzeck Anticoli
Typed or printed name of signer