## 119000280455

(Re	equestor's Name)	<del></del> -
(Ad	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	<del></del>
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Office Use Only



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O SIMMONS FEB 11 2020



February 4, 2020

MARLUCIA CARRASQUILLO 218 SE 1ST TERR DEERFIELD BCH, FL 33441

SUBJECT: LUCY LOVES CLEANING LLC

Ref. Number: L19000280455

We have received your document for LUCY LOVES CLEANING 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 220A00002497

Octavia L Simmons
Regulatory Specialist II Supervisor

2020 FEP 11 PH12: 27

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUCY LOVES CI	ecuring LLC pility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	c(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Marlucia Carrasquillo	_
Name of Person	_
Lucy Loves Cleaning LLC Firm/Company	
Firm/Company	
218 SE 154 Terrace Address	_
Deerfield Beach FL 3344!	_
City/State and Zip Code	
Sunny Son // & Hatmeil. Com E-mail address: (to be used for future annual report notifies	
E-mail address: (to be used for future annual report notifical	ation)
For further information concerning this matter, please call:	
Murlucia Carrasquille at (561	674- 5449
	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fcc □ \$55	Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF AUTHORITY

authority	:				•		its the following		
FIRST:	The name of	of the limited	liability com	pany is:(	NY	Love.	<u>s (10</u>	aning	_ <i>L</i> l
SECON	D: The Flo	rida Docume	nt Number of	the limited lia	ability comp	any is:	-19000	280	<u> 45</u> 5
THIRD:				ility company Tema					
	Deer	Field	Beach	Terro FL	334	4/			
	The maili	_	The limited li	iability compa	my's princip	al office is			
position	of a person n the follow	in a company ing:	, whether as a	or sets limitat a member, tra ferring real pro	nsferee, man	ager, officer	or otherwise o	or to a specif	
	b.	No authori	ty granted to:						
				s on behalf of,			_	ny.	
	b.	No authori	y granted to:						
<u>Man</u> Signature	Μ Ú a c of authoriz	<u>Carro</u> ved represent	Fi	iling Fee: ertified Copy	\$25.00	Typed or pr	t (cce)	引>GV( )   signature	Ū

CR2E138 (2/14)