

L20000051826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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R. WHITE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST PLUMBING 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.

Salvatore Tavalacci
Name of Person

Firm/Company

521 sunset lakes dr
Address

Merritt Island, Florida 32953
City/State and Zip Code

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

For further information concerning this matter, please call:

Salvatore Tavalacci 321 591-5416
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 NOV 13 PM 12:07

November 13, 2020

SALVATORE TAVOLACCI
521 SUNSET LAKES DRIVE
MERRITT ISLAND, FL 32953

SUBJECT: BEST PLUMBING LLC
Ref. Number: L20000051826

We have received your document for BEST PLUMBING 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):


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.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00022728


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 1 2020

Dorelle Hunter
Signature of a member of

Signature of a member or authorized representative of a member

Darrielle Tivolacci

Typed or printed name of signee

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