

L20 0000 94627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021-02-11 15:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAURA'S CATERING SERVICE 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:

LAURA P. DELGADO SILVERA

Name of Person

LAURA'S CATERING SERVICE LLC

Firm/Company

9839 KAMENA CIRCLE

Address

BOYNTON BEACH, FL. 33436

City/State and Zip Code

lauraservicellc@gmail.com

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

For further information concerning this matter, please call:

LAURA P. DELAGO SILVERA

754

232-6600

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

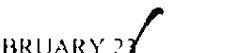
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

FEBRUARY 23 2021



Signature of a member or authorized person

LAURA P. DELGADO SILVERA

Filing Fee: \$25.00