

L20 000 209 083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

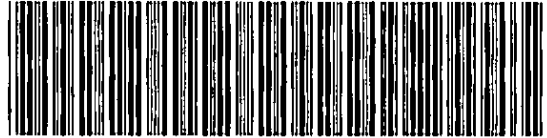
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 22 AM 8:38

FILED

Q9

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2021

2021 OCT 22 AM 8:01

MELINDA HARRIS-SNOWDEN
1102 MILLBROOK AVE
PORT ORANGE, FL 32127

SUBJECT: D&G PAINTING & RESTORATION LLC
Ref. Number: L20000209083

We have received your document for D&G PAINTING & RESTORATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 721A00024378

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: D&G Painting & Restoration LLC

Name of Limited Liability Company

2021 SEP 28 PM 2:08

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda Harris-Snowden

Name of Person

Firm/Company

1102 Millbrook Ave

Address

Port Orange, FL 32127

City/State and Zip Code

office@d-gpainting.com

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

For further information concerning this matter, please call:

Melinda Harris-Snowden

at (386) 631-8192

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

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

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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.

C. Smith
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00