

L21 000054985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

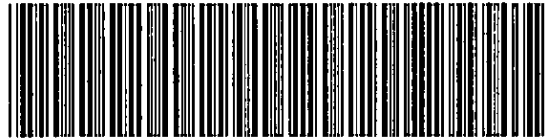
(Business Entity Name)

(Document Number)

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03/01/21--01014--028 \*\*25.00

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLOODWORTH MAINTENANCE 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:

DEBRA FASANO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2203 SW 132ND WAY

\_\_\_\_\_  
Address

DAVIE FLORIDA 33325

\_\_\_\_\_  
City/State and Zip Code

debfas@aol.com

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

For further information concerning this matter, please call:

BRIAN BLOODWORTH

954 205-2551  
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

## BLOODWORTH MAINTENANCE LLC

**If Changing Registered Agent, Signature of New Registered Agent**

‘ If amér

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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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.

Prin. K. K. K. K. K.  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**