

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000137407

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : RC TAX SERVICE LLC
 Account Number : I20140000083
 Phone : (407)932-0040
 Fax Number : (407)520-5473

21 APR - 1 AM 9 44
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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 APR - 7 PM 4: 09

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BUENA VISTA HOME & PRIMER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUENA VISTA HOME & PRIMER 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:

WILLIAM VANEGAS HENAO
Name of Person
BUENA VISTA HOME & PRIMER LLC
Firm/Company
3274 FAIRFIELD DR
Address
KISSIMMEE, FL 34743
City/State and Zip Code
WILLYVANEGAS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM VANEGAS HENAO at (407) 989-6988
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William A. Vancgas Hcnao	3266 ABIAKA DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Leydy J. Londono Sanchez	3266 ABIAKA DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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