

KZ1000150667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

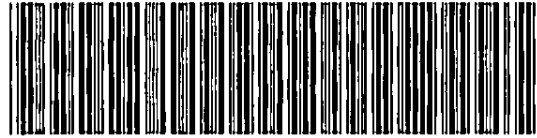
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/07/21--01041--018 **30.00

FILED

2021 AUG 17 PM 2:22

OFFICE OF STATE
FILING OFFICER



RECEIVED

2021 AUG 17 AM 10:45

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2021

JIEL SANCHEZ-SANTIAGO
327 QUARRY ROCK CIR
KISSIMMEE, FL 34758

SUBJECT: JSS LED, LLC
Ref. Number: L21000150667

We have received your document for JSS LED, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

We attempted to call as per requested for corrections. Please send the corrected updates along with this letter.

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: 921A00018331

COVER LETTER

**TO: Registration Section
Division of Corporations**

JSS LED LLC

SUBJECT: _____
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:

JIEL SANCHEZ-SANTIAGO

Name of Person

JSS LED LLC

Firm/Company

327 QUARRY ROCK CIR

Address

KISSIMMEE, FL. 34758

City/State and Zip Code

jssledllc@gmail.com

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

For further information concerning this matter, please call:

JIEL SANCHEZ-SANTIAGO

407

693-4477

Name of Person

at (_____) _____

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

[illegible]

(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.

Signature of a member or authorized representative of a member

GEORLIANA CORTIJO

Typed or printed name of signee

Filing Fee: \$25.00