

K21000 198916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

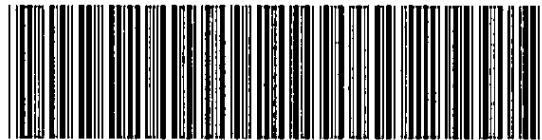
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1-11-24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG -5 AM 11:08

July 21, 2021

ALICIA CUESTA
312 VALLETTE WAY
WEST PALM BEACH, FL 33401

SUBJECT: ALICIA'S CORPORATION, LLC
Ref. Number: L21000198916

We have received your document for ALICIA'S CORPORATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham
OPS

Letter Number: 021A00016826

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: Alicias Corp Corporation LLC 732-1-SC-5 AH11:08
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:

Alicia Cvesta
Name of Person

Alicias Corporation LLC
Firm/Company

312 Vallette Way
Address

West Palm Beach, FL 33405
City/State and Zip Code

acvesta84@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Cvesta at (305) 878 1433
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

Alicias Corporation LLC
(Name of the Limited Liability Company as it may appear on your record)

Alicias Consulting LLC
name must be distinguishable and contain the words "Limited Liability Company"

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

7/11/24

(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)

Dated _____,

Alicia Cuesta
Typed or printed name of signee