

L22060703372

Division of Corporations
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Electronic Filing Cover Sheet

10/21/17 10:38:36
Elvia (C) 11/11/24

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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

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNLIMITED G&S LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNLIMITED G&S 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:

PINZON MUSSO, ELVIA CAROLINA

Name of Person

UNLIMITED G&S LLC

Firm/Company

2919 BRIE HAMMOCK BEND

Address

SAINT CLOUD, FL 34773

City/State and Zip Code

ECAROLINAPINZON@GMAIL.COM

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

For further information concerning this matter, please call:

PINZON MUSSO, ELVIA CAROLINA

+1 941 763 3671
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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MUSSO VEGAS, ENGERMANN	2919 BRIE HAMMOCK BEND	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pinzon Musso, Elvia Carolina	2919 BRIE HAMMOCK BEND	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34773	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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

Elvia Carolina Pinyon Russo
Typed or printed name of signee

Filing Fee: \$25.00