

L23 00000 3365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

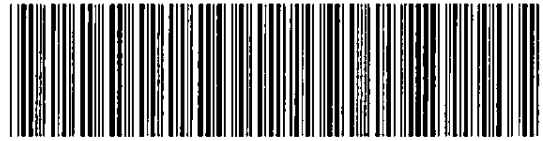
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 DEC -2 PM 3:02
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLESS HAND LAND CARE, 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:

SANTOS I. ECHEVARRIA

Name of Person

BLESS HAND AND CARE, LLC

Firm/Company

20 S Rose Ave Suite 4

Address

KISSIMMEE, FL. 34741

City/State and Zip Code

s.i.echevarria@hotmail.com

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

For further information concerning this matter, please call:

SANTOS I ECHEVARRIA

787

601-3278

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[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

Typed or printed name of signee



FILING SUCCESSFUL - Beneficial Ownership Information Report (BOIR) Status

Submission Information	
Status	FILING SUCCESSFUL
BOIR ID	50000007312891
Submission Tracking ID	BOIRY5MeC3l45cQAp1JM
Received Timestamp (UTC)	2024-11-13T18:18:47Z
Reporting Company FinCEN ID	
Submitter Information	
First name	SANTOS I
Last name	ECHEVARRIA TORRES
E-mail address	BLESSHANDLANDCARELLC@GMAIL.COM
Validation Information	
Code	Description
No validation errors	

#50000007312891 - Beneficial Ownership Information Report (BOIR) Transcript

Filing Information

Type of filing	Initial report
Date prepared (assigned upon finalization)	11/13/2024

Reporting Company Information

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Request to receive FinCEN Identifier (FinCEN ID)	
Foreign pooled investment vehicle	
Reporting Company legal name	BLESS HAND LAND CARE, LLC
Alternate name (e.g. trade name, DBA)	
Tax Identification type	EIN
Tax Identification number	923191941
Country/Jurisdiction (if foreign tax ID only)	
Country/Jurisdiction of formation	United States
State of formation	Florida
Tribal jurisdiction of formation	
Name of the other Tribe	
State of first registration	
Tribal jurisdiction of first registration	
Name of the other Tribe	
Address (number, street, and apt. or suite no.)	20 S Rose Ave Suite 4
City	Kissimmee
U.S. or U.S. Territory	United States
State	Florida
ZIP Code	34744
Existing Reporting Company	

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Company Applicant Information		Back to top
FinCEN ID		
Individual's last name	ECHEVARRIA TORRES	
First name	SANTOS	
Middle name		
Suffix		
Date of birth	03/24/1967	
Address type	Residential address	
Address (number, street, and apt. or suite no.)	20 S Rose Ave Suite 4	
City	KISSIMMEE	
Country/Jurisdiction	United States	
State	Florida	
ZIP/Foreign postal code	34744	
Identifying document type	State-issued driver's license	
Identifying document number	E216789671040	
Country/Jurisdiction	United States	
State	Florida	
Local/tribal		
Other local/Tribal description		
Identifying document image	SANTOS ECHEVARRIA DL.jpg	

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Beneficial Owner Information		Back to top
Parent/Guardian information instead of minor child		
FinCEN ID		
Exempt entity		
Individual's last name or entity's legal name	ECHEVARRIA TORRES	
First name	SANTOS	
Middle name	I	
Suffix		
Date of birth	03/24/1967	
Address (number, street, and apt. or suite no.)	20 S Rose Ave Suite 4	
City	KISSIMMEE	
Country/Jurisdiction	United States	
State	Florida	
ZIP/Foreign postal code	34744	
Identifying document type	State-issued driver's license	
Identifying document number	E216789671040	
Country/Jurisdiction	United States	
State	Florida	
Local/tribal		
Other local/Tribal description		
Identifying document image	SANTOS ECHEVARRIA DL.jpg	