

L23000527879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

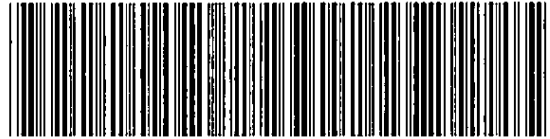
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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2024 FEB 20 PM 4:12
CLERK OF STATE
TALLAHASSEE, FL
K. HUNT
02/20/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magic City HydroVac, 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:

Mark Llorente

Name of Person

Magic City HydroVac, LLC

Firm/Company

9971 SW 124 Terrace

Address

Miami, FL 33176

City/State and Zip Code

mark.llorente@yahoo.com

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

RECEIVED
JAN 20 PM 4:11
DIVISION OF STATE
CORPORATIONS, FL

For further information concerning this matter, please call:

Mark Llorente

305 915-0195

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32304-6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
215 S. Adams Street, Suite 210
Tallahassee, FL 32301

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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7/1/2020 4:11 PM
STATE OF FLORIDA
SECRETARY OF STATE

2017 FEB 20 PM 4:11
CLERK OF STATE
TALLAHASSEE, FL

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2017 FEB 20 PM 4:11
CLERK OF STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 12, 2024

Signature of a member of au

Signature of a member or authorized representative of a member

Mark Llorente

Typed or printed name of signee