

L24000165410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05/03/24--01024--013 **25.00

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2024 MAY -3 PM 4:43
CLERK OF COURT
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5 Star Sliding Glass Door Repair 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:

Lawrence Raigrodski

Name of Person

Raigrodski Financial Services LLC

Firm/Company

5 Farm Haven Ct

Address

Rockville, Md. 20852

City/State and Zip Code

lmrepa57@gmail.com

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

For further information concerning this matter, please call:

Lawrence Raigrodski

301 230-2385

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

[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.

Samuel Rodriguez AUTHORIZED REPRESENTATIVE FOR PAYLESS LOCKSMITH^U
Signature of a member or authorized representative of a member

Typed or printed name of signee