

L24000217624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

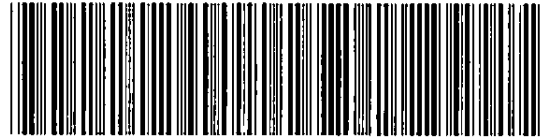
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000435950730

09/06/24--J1014--015 **30.00

STATE
09/06/24 8:08
FL

A. HUNT

09/06/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

Sky Pavers LLC

SUBJECT: _____
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:

Alan Manieri

Name of Person

Sky Pavers LLC

Firm/Company

1034 Chinaberry Rd.

Address

Clearwater, FL 33764

City/State and Zip Code

skypavers@gmail.com

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

For further information concerning this matter, please call:

Thalyta Manieri

727 450-9032

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 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]

FBI/IN Number: 26-3659764

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 AUGUST 29 . 2024

Learn again

Signature of a member or authorized representative of a member

ALAN MANIERI

Typed or printed name of signee

Filing Fee: \$25.00