

L2400-237067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

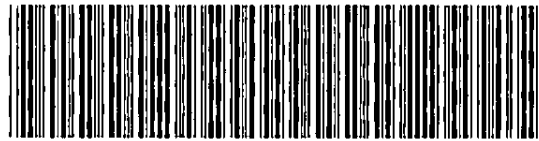
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/20/24--01015--018 \*\*25.00

2024 JUN 20 AM 8:13  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

06/20/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WCT CONSTRUCTION CONCRET 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:

WILFIDO B CASTRO TOLEDO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3484 SUMMER ST APT 8413

\_\_\_\_\_  
Address

LAKE WORTH, FL 33461

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

WILFIDO B CASTRO TOLEDO

561 633-8729  
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

RECEIVED  
TALLAHASSEE, FL  
MAY 17 STATE  
AM 8:13

**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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2013 MAY 20 AM 8:13  
CLAY COUNTY STATE  
CLAY COUNTY, FL

2025 MAY 20 AM 8:13  
CLASSEE, FL


2020-12-20 AM 8:13  
FL STATE  
FL DEPT OF TRANS  
FL DEPT OF TRANS

(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.

Dated JUNE, 15 2024

NE, 15

X  Signature

Signature of a member or authorized representative of a member

WILFIDO B CASTRO TOLEDO

Typed or printed name of signee