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Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROBERT GRAHAM CPA, LLC
Account Number : I20070000089
Phone : (813)260-4103
Fax Number : (813)830-7415

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@robertgrahamcpa.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARLOS PEREZ CONSTRUCTION SERVICES LLC**

Certificate of Status	0
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M. SOLOMON
JUN 28 2024

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: CARLOS PEREZ CONSTRUCTION SERVICES 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:

ROBERT GRAHAM CPA

Name of Person

ROBERT GRAHAM CPA LLC

Firm/Company

1518 NORWICK DRIVE

Address

LUTZ, FL 33559

City/State and Zip Code

ADMIN@ROBERTGRAHAMCA.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ROBERT GRAHAM 813 601-5513
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

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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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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