

L24000362072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

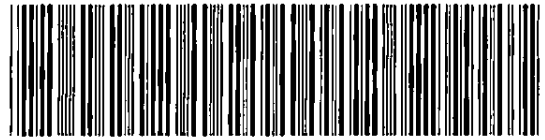
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09/12/2011 00:00:00

Barry C. ...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACUNA HOME SOLUTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN M. ACUNA

Name of Person

ACUNA HOME SOLUTIONS LLC

Firm/Company

2485 QUEEN ST

Address

WEST PALM BEACH, FL 33417

City/State and Zip Code

ACUNASERVICE@YAHOO.COM

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

For further information concerning this matter, please call:

DIANA ACUNA

561
at ()

222-5543

Name of Person

Area Code

Daytime Telephone Number

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: ACUNA HOME SOLUTIONS LLC

SECOND: The Florida Document number of the limited liability company is: L24000362072

THIRD: The street address of the limited liability company's principal office is:

2485 QUEEN ST WEST PALM BEACH, FL 33417

The mailing address of the limited liability company's principal office is:

2485 QUEEN ST WEST PALM BEACH, FL 33417

FOURTH: The date the statement of authority became effective is: 08/12/2024

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

JUAN M. ACUNA is to be PRESIDENT of ACUNA HOME SOLUTIONS LLC

effective 8/12/2024.



Signature of authorized representative

Diana Acuna

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)