

L24000397569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

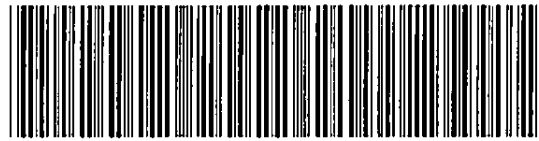
(Business Entity Name)

(Document Number)

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cf 10/24/2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEREZ FAMILY 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:

MOISES PEREZ

Name of Person

PEREZ FAMILY LLC

Firm/Company

1221 NE 9TH ST

Address

CAPE CORAL, FL 33909

City/State and Zip Code

MOISESP1979.MP@GMAIL.COM

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

For further information concerning this matter, please call:

MOISES PEREZ

575 266-3786
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


2024-7 11:534

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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)


Signature of a member or authorized representative of a member

MOISES PEREZ
Typed or printed name of signee