

P04000036719

(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



400080384204

10/10/06--01032--018 **35.00

FILED
06 OCT 10 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g N/C

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D E M JANITORIAL, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000036719

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MASSAH MOKUWA
(Name of Contact Person)

D E M SUPPORT SERVICES, INC
(Firm/Company)

6034 CHESTER AVENUE, SUITE 205
(Address)

JACKSONVILLE, FLORIDA 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

MASSAH MOKUWA at (904) 614-5574
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
--	---	--	---

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Pursuant to s. 607.1504, F.S.)

(1-3 MUST BE COMPLETED)

FILED
06 OCT 10 AM 8:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

- (Title of person signing)