

L120000 40931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

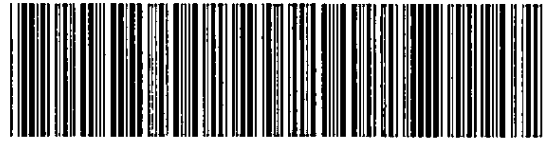
(Business Entity Name)

(Document Number)

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C. GOLDEN

NOV - 5 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: age Rejuvenation Brandon 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:

Greg Zacharias

Name of Person

Zacharias Lawrence CPA

Firm/Company

600 N Willow Ave Ste 301

Address

Tampa, FL 33606

City/State and Zip Code

greg@zachcpa.com

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

For further information concerning this matter, please call:

Greg Zacharias

813 254-3206

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

