

L15000051336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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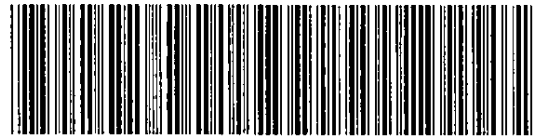
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S. WARREN

JUN 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10003 ARDEN AVE LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mark Schneider
(Contact Person)

(Firm/Company)

PO Box 273312
(Address)

Tampa, FL 33688-3312
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Schneider at (813) 444-9499
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

