

L140000 48782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

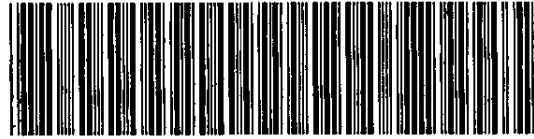
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300285688453

05/13/16--01019--014 **25.00

FILED
16 MAY 13 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Half Pint Sampling LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly James
Name of Person

Half Pint Sampling LLC
Firm/Company

1025 SE Salerno Rd
Address

Stuart, FL 34997
City/State and Zip Code

Hp sampling@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly James at (561) 222-7199
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

