

L23 000 427 309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

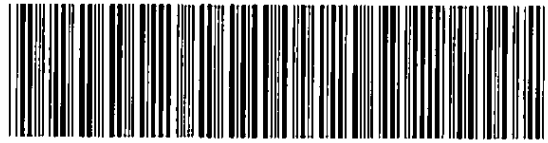
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700430462457

05/28/21--01025--032 \$60.00

FILED  
24 MAY 28 PM 3:05  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 0 Pinola, 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:

Anthony Santabarbara  
\_\_\_\_\_  
Name of Person  
0 Pinola, LLC  
\_\_\_\_\_  
Firm/Company  
5133 BLUE HERON DR NEW PORT RICHEY, FL 34652  
\_\_\_\_\_  
Address  
NEW PORT RICHEY, FL 34652  
\_\_\_\_\_  
City/State and Zip Code  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

anthony031481@gmail.com                      727                      810-5932  
\_\_\_\_\_  
Name of Person                      at (                      )                      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





