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COVER LETTER

Division of Corporations	
SUBJECT: FULL SPEECH AHEAD AND TT Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to the following:	
Nicole Wafall Name of Person	
Full Speech Ahead and TT	
4354 ROCK HILL LOOP	
Apopka FL 32712 City/State and Zip Code	
NICOLE_W1@aol.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nicole Walfall at (917) 378-1511 Name of Person Area Code Daytime Telephone No	ımber
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationP.O. Box 6327The Centre of TallahasTallahassee, FL 323142415 N. Monroe StreetTallahassee, FL 32303	see

TO:

Registration Section

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

	to section 605.0302(2), Florida Statutes, this limited liability company submits the follow		
FIRST:	The name of the limited liability company is: Full Speech Aheaa	and	II
SECON	D: The Florida Document number of the limited liability company is: L33000	49367:	3
THIRD:	The street address of the limited liability company's principal office is: 941 West Morse Boulevard, Ste 100 Winter Park, Florida, 32789	- -	
	The mailing address of the limited liability company's principal office is: 941 West Morse Boulevard, Ste 100 Winter Park, Florida, 32789	2024 JAN	- 13
FOURT FIFTH: OR	H: The date the statement of authority became effective is: November 2.16 The statement of authority is cancelled. The amendment to the statement of authority is	DAY OF STATE	FILED
new Ywo Signatur	The amendment to the statement of address (43) ROCK HILL LOOP, Apopka, FL, 32712) to the address 941 West Morse Boulevard, State Wayall To change the current address (43) ROCK HILL LOOP, Apopka, FL, 32712) to the address 941 West Morse Boulevard, State Wayall Typed or printed name of authorized representative Typed or printed name of authorized representative	a	Winter Pai Florida, 32789

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)