

L2400014-381

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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05/06/24
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R. HUNT
05/06/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SELECT SERVICES SSCT 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:

Inderdeep Johal

Name of Person

Firm/Company

7901, 4th ST N STE 300,

Address

St. Petersburg, FL, US, 33702

City/State and Zip Code

deep@selectservices.llc

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

For further information concerning this matter, please call:

Inderdeep Johal

+44

7732854343

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

002:09

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 04/26/2024

James Alfred Johnson

Signature of a member or authorized representative of a member

Inderdeep Johal

Typed or printed name of signee