

203 0000 10149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

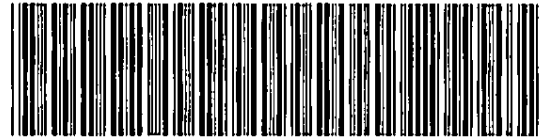
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2022 NOV 28 PM 4:21
FALL RIVER, SECT. 1000

NOV 28 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paxson, LLC
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DEVON PAXSON
Contact Person

PAXSON, LLC
Firm/Company

2240 Bay Village Ct
Address

Palm Beach Gardens, FL 33410
City, State and Zip Code

rcapax@mac.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVON PAXSON at (561) 310-8185
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2022

PAXSON, LLC
2240 BAY VILLAGE CT
PALM BEACH GARDENS, FL 33410

SUBJECT: PAXSON LLC
Ref. Number: L03000010149

We have received your document for PAXSON LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 422A00022657

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paxson, 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:

DEVON PAXSON
Name of Person

Paxson, LLC
Firm/Company

2240 BAY VILLAGE CT
Address

PALE BEACH GARDENS, FL 33410
City/State and Zip Code

rlapax@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roslynn Paxson at (561) 310-8185
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

Paxson, LLC

2022 NOV 28 PM 4: 21
and assigned
HALL COUNTY, FLORIDA

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

DEVON TAYLOR

Typed or printed name of signer

2022 NOV 28 PM 4:21
FALL-LOSER, FLORIDA