

L06000094035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

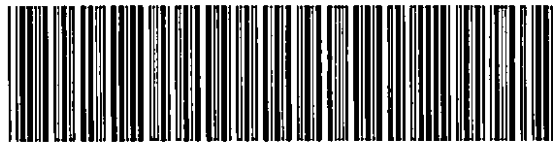
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 JUL 30 AM 8:29

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JHS
08-4-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kenneth Bohannon PL

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:

Kenneth Bohannon

Name of Person

Kenneth Bohannon PL

Firm/Company

221 N. Causeway, Suite A

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

kbohannon@cflawyer.com

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

For further information concerning this matter, please call:

Kenneth Bohannon

386 427-5227
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-30-2010 BY 60322

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2010 JUL 30 AM 6:23
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated July 24, 2018

[Handwritten signature]

Signature of a member or authorized representative of a member

Kenneth Babson

Typed or printed name of signee