

L09000079617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

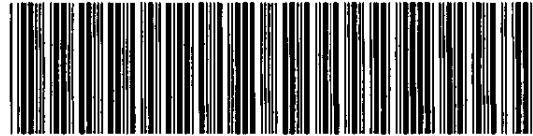
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL APPLICANTS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Osceola Fence 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 Paradiso

Name of Person

Osceola Fence LLC

Firm/Company

1711 Eastern Ave

Address

Saint Cloud FL 34769

City/State and Zip Code

anthony@osceolafencesupply.com

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

For further information concerning this matter, please call:

Anthony Paradiso

Name of Person

at **(407) 908-1941**

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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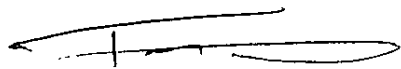
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Osceola Fence LLC

If Changing Registered Agent, Signature of New Registered Agent

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

Dated 3-6-13



Signature of a member or authorized representative of a member

Anthony PARADISO

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
ATLANTA, GEORGIA

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