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(Requestor's Name)

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(Address)

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(Address)

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06/24/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CAMPBELL'S MERCEDES REPAIR 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:

Delroy Campbell

\_\_\_\_\_  
Name of Person

CAMPBELL'S MERCEDES REPAIR LLC

\_\_\_\_\_  
Firm/Company

1200 34th St. S

\_\_\_\_\_  
Address

Saint Petersburg, FL 33711

\_\_\_\_\_  
City/State and Zip Code

Delroyc.1@yahoo.com

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

For further information concerning this matter, please call:

Delroy Campbell

727 492-4564

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

D. Campbell  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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2021 Jun 21 14:29

**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.

Dated JUNE 19 2021

DELOY CAMPBELL

Th. Campbell  
Typed or printed name of signee

**Filing Fee: \$25.00**