

L1200000 5668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

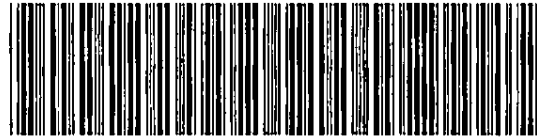
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400338137634

FILED

2020 JAN 15 PM 5:46

SECRETARY OF STATE
FALLS CHURCH, VA 22046

01/15/20--01009--027 **30.00

CUS
Amend/Name
chg

FEB 13 2020

1 ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOYER & OSIBODU UNCLAIMED PROPERTY SERVICES, 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:

JOSIAH S. OSIBODU

Name of Person

MOYER & OSIBODU UNCLAIMED PROPERTY SERVICES, LLC

Firm/Company

7320 E. FLETCHER AVENUE, SUITE 102

Address

TAMPA, FL 33637

City/State and Zip Code

INFO@MOYEROSIBODU.COM

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

For further information concerning this matter, please call:

JOSIAH S. OSIBODU

Name of Person

813 388-6217
at ()

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

If Changing Registered Agent, Signature of New Registered Agent

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> |
|--------------|-------------------|---------------------|--|
| MGR | KATHLEEN H. MOYER | 13113 LILITA AVENUE | <input type="checkbox"/> Add |
| | | DOVER, FL 33527 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | FAITH O. OSIBODU | 10619 LUCAYA DRIVE | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33647 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated JANUARY 11, 2020

Joseph C. Ceballos
Signature of respondent

Signature of a member or authorized representative of a member

JOSHUA S. OSIBODU

Typed or printed name of signee

Filing Fee: \$25.00