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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

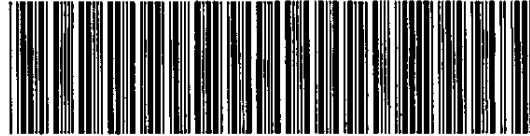
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 27 P 3:22

CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 28 2016

S MASON

OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024
TEL: 844-386-0178
FAX: 214-317-4754
EMAIL: zoe@legalinc.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 4/25/2016

From: Zoe Dickson

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Name of Company: **Big Head Caricatures LLC**

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

****Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above****

**PLEASE RETURN FILED DOUCMENTS TO :
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Big Head Caricatures 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:

Nancy Luna

Name of Person

Rocket Lawyer

Firm/Company

5850 Granite Parkway, Suite 215

Address

Plano, TX 75024

City/State and Zip Code

bigheadcaricatures@yahoo.com

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

For further information concerning this matter, please call:

Nancy Luna

818 967-1467
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

FILED
JUN 27 PM 22
CLERK OF DISTRICT COURT
STATE OF ARIZONA
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
 JUN 19 2021
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

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 April 4, 2016

"Kevin Wright"
Signature of _____

Signature of a member or authorized representative of a member

Brian Wright

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 APR 27 P 3:22
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA