

L12000082574

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SOPHIA BLAIR 3/30/2017
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 28 PM 2:26

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K. SALY

MAR 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2017

SNSB APPELLATE LAW FIRM, P.L.
SOPHIA BLAIR
4023 EASTRIDGE DR.
POMPANO BEACH, FL 33064

SUBJECT: SNSB APPELLATE LAW FIRM, P.L.
Ref. Number: L12000082574

We have received your document for SNSB APPELLATE LAW FIRM, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00005715

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNSB Appellate Law Firm, P.L.
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:

Sophia Blair

Name of Person

SNSB Appellate Law Firm, P.L.

Firm/Company

4023 Eastridge Drive

Address

Pompano Beach, FL 33064

City/State and Zip Code

sblair@snsbappeals.com

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

For further information concerning this matter, please call:

Sophia Blair

Name of Person

at ()
Area Code

Email is best

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

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SECRET

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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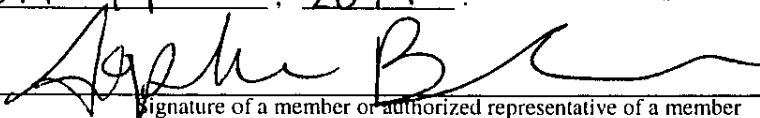
E. Effective date, if other than the date of filing: 3/22/2017 (optional)

(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 March 19, 2017


Signature of a member or authorized representative of a member

Sophia Blair
Typed or printed name of signee