

L13000026981

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 21 AM 8:16
TALLAHASSEE, FLORIDA

MAR 22 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 24 hour ASAP Bail Bonds
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:

Cynthia Parfitt
Name of Person

24 hour ASAP Bail Bonds, LLC
Firm/Company

540 S.E 6th St.
Address

Ft. Lauderdale, Lauderdale, FL 33301
City/State and Zip Code

CINDY PARFITT @ ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Parfitt at 954 295-5757
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

24 Hour ASAP Bail Bonds, LLC
(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

FILED
MAR 21 11:19
CLERK OF DISTRICT COURT
STATE OF FLORIDA
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 | Monica McIntoy | 540 S.E. 6 th St | <input checked="" type="checkbox"/> Add |
| | | Ft. Lauderdale, FL 33301 | <input type="checkbox"/> Remove |
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FILED
2018 MAR 20 P 19
CLERK OF STATE
TREASURY OF FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 _____, _____.

Cynthia Anne Foster
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cynthia Anne Parfitt

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA