

L14000128283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

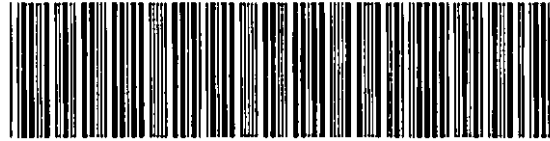
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J. LEGGETT
FEB 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2018

STEPHEN C PARKER
12931 VALDOSTA PL
FT MYERS, FL 33913 US

SUBJECT: VISIONARY WEAR LLC
Ref. Number: L14000128283

We have received your document for VISIONARY WEAR LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00002067

RECEIVED
FEB 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISIONARY WEAR 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:

STEPHEN C PARKER
Name of Person

INTERLINKED MEDIA & MARKETING
Firm/Company

12931 VALDOSTA PL.
Address

FORT MYERS, FL. 33913
City/State and Zip Code

info@INTERLINKEDMM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN C PARKER at (239) 850-7182
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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File

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 February 7th, 2018.

Signature of a member of _____

Signature of a member or authorized representative of a member

STEPHEN C. PARKER

Typed or printed name of signee