

L14000/47437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

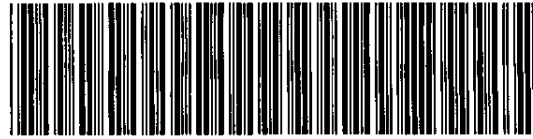
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 20 2016
S. YOUNG

16 SEP 19 PM 4:06
CLERK RECEIVED
STATE OF MISSISSIPPI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TS4 Consultants, 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:

Sarah K Roberts
Name of Person

Firm/Company

18 Seatrout Street
Address

Ponte Vedra Bch, FLORIDA 32082
City/State and Zip Code

therobertsbeach@gmail.com
E-mail address: (to be used for future annual report notification)

16 SEP 19 PM 4:06
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03/28/2008 BY 60322/UC/STP

For further information concerning this matter, please call:

Sarah Roberts at (904) 673-5590
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

