

L14000163839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

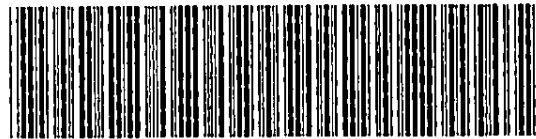
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2019 JAN 28 A 3:06
TALLAHASSEE FLOR 3A

1/28/19 QS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

LAURA HACHENBERG
98 SE 7TH ST
DEERFIELD BEACH, FL 33441

SUBJECT: GEM SKULLS, LLC
Ref. Number: L14000163839

We have received your document for GEM SKULLS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Type or print name of signee.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 519A00001358

FILED

2019 JAN 28 A 3:06
OFFICE OF THE
CLERK OF THE
SUPREME COURT
JULIA A. HARRIS, CLERK

Thank you!

2019 JAN 28 PM 12:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grem Skulls 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:

Laura Hachenberg

Name of Person

Firm/Company

9B SE 7th St

Address

Deerfield Beach, FL 33441

City/State and Zip Code

edd.laura.Ha@gmail.com

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

For further information concerning this matter, please call:

Laura Hachenberg

Name of Person

at (520) 405-1185

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

RECEIVED
TALLAHASSEE, FL
JAN 20 2010

2010 JAN 20 11 30 AM

FILED

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

Page 1 of 3

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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2019
MAY 23
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/2/2019 BY 60322

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

6. Effective date, if other than the date of filing: _____ (optional)

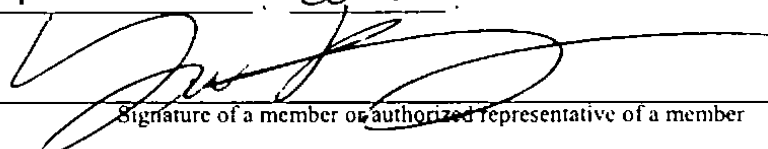
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

f 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 1/23/19 2019



Signature of a member or authorized representative of a member

Laura Hachenberg

Typed or printed name of signer