1160000 28601

(Re	questor's Name)	
Ad)	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
	- ,	
		MAIL
		_
	airean frath, black	
(80	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to I	Eiling Officer:	
	ang onioon	

÷

•

Office Use Only



10/25/17--01019--007 **90.00



7 FILED AHASSEL FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LET TT RAIN SEA MLESS CUTTERS, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelly J Maye Name of Person Let it Bain Secures 64+ters 266" Firm/Company
Firm/Company
12412 G3rd way Address
LAIJO FL 33773 City/State and Zip Code
<u>letitraio 12 Mail. Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

 Kelly Maye
 at (77)
 481-0788

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

54\$30.00 Filing Fee & Certificate of Status

1 · · ·

□ \$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