

L16000177547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

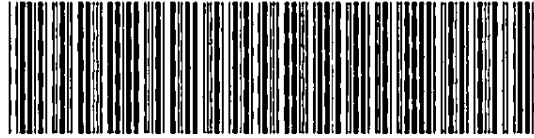
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100353880721

10/22/20--01010--021 **25.00

FILED
2020 OCT 22 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FL

12/3/20
@

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURXCELL LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Myron E. Siegel

(Contact Person)

Myron E. Siegel, P.A.

(Firm/Company)

1055 S. Federal Highway

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Myron E. Siegel

(Name of Contact Person)

954 703-1619
at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

