

L17000025312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

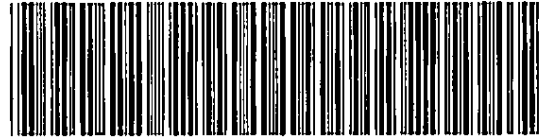
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/03/22--01017--024 \*\*52.50

22 JAN 27 PM 3:00

T. MATTHEWS

FEB - 3 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 27 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FL

January 13, 2022

DAVID BLIZZARD  
5337 N SOCRUM LOOP ROAD UNIT 401  
LAKELAND, FL 33809

SUBJECT: LAKELAND MOBILE HOME PARK LLC  
Ref. Number: L17000025312

We have received your document for LAKELAND MOBILE HOME PARK LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 522A00001036

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAKELAND MOBILE HOME PARK 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:

DAVID BLIZZARD

Name of Person

LAKELAND MOBILE HOME PARK LLC

Firm/Company

5337 N. SOCRUM LOOP ROAD UNIT 401

Address

LAKELAND, FL 33809

City/State and Zip Code

blizzardinvestments28@gmail.com

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

For further information concerning this matter, please call:

DAVID BLIZZARD

Name of Person

at ( 863 ) 513-2549

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 Address:**

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

22 JUL 27 PM 3:08

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

**If Changing Registered Agent, Signature of New Registered Agent**

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>
<u>MGR</u>	<u>MOLLY BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>SEBASTIAN BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>OWEN BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>LILLY BLIZZARD</u>	<u>390 WINDERMERE DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND, FL 33809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

