

L17000035060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

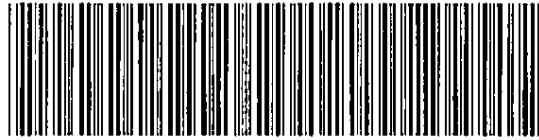
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CLERK OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC CANNABIS DISPENSARIES 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:

Name of Person

EPIC CANNABIS DISPENSARIES LLC

Firm/Company

31564 U.S. 19 NORTH

Address

PALM HARBOR, FL 34684

City/State and Zip Code

LARRYCROW1247@GMAIL.COM

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

For further information concerning this matter, please call:

LARRY CROW

727 526-3529 X 101
at ()

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 Address:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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Dated March 22, 2023

Signature of a member or authorized representative of a member

Registered Agent

Filing Fee: \$25.00