

L17000182535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

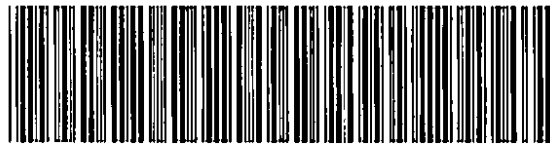
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN 29 P 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 30 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2018

PENNYLINX LLC
ANTON SENJOR
5130 NW 85TH AVE.
LAUDERHILL, FL 33351

SUBJECT: PENNYLINX LLC
Ref. Number: L17000182535

We have received your document for PENNYLINX LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 118A00000916

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENNYLINX 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:

ANTON SENIOR
Name of Person

PENNYLINX LLC
Firm/Company

5130 NW 85 AVE
Address

LAUDERHILL FL 33351
City/State and Zip Code

Pennylinks5@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTON SENIOR at (757) 309 2618
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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JAN 29 2018
REGISTRATION SECTION

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PENNY LIX LLC

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>
MGR	Kerry Ann FRASER	5130 NW 85 Ave LAUDERDALE	<input type="checkbox"/> Add
		FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated 1/25/17, _____

Aut S

Signature of a member or authorized representative of a member

ANTON SENIOR

Typed or printed name of signee