LIT000 Z47161

(Requestor's Name)
(Address)
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(Document Number)
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FLORIDA CAPITAL COURIER SE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	ERVICES, INC
PLEASE USE FUNDS FROM AUTHORIZATION SIGNATU TD MAD CASTLES LLC BUSINESS (Name)	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTIL()	Other
AMINER'S INITIALS:	

COVER LETTER

TO:		gistration Section vision of Corporations
SUBJI	ect:	TD MAD CASTLES LLC
		Name of Limited Liability Company
Dear S	ir or l	Madani:
The en	close	d Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.
Please	returr	n all correspondence concerning this matter to the following:
Trace	y Cod	ld
	•	Name of Person
	•	Firm/Company
2618	Lake	View Blvd
		Address
Port (Charle	otte, FL 33948
		City/State and Zip Code
тсо		expedineruises.com
	E-	-mail address: (to be used for future annual report notification)
For fi	ırther	information concerning this matter, please call:
Trace	y Co	ill /
		Name of Person Area Code Daytime Telephone Number

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

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