

C17000250791

(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



600312037916

04/20/18--01023--003 **25.00

FILED

2018 APR 20 PM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
APR 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shawn Moss Photography 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:

Shawn D Moss

Name of Person

Shawn Moss Photography LLC

Firm/Company

112 Lake Ave Apt 11

Address

Lake Worth Fl. 33460

City/State and Zip Code

shawn-moss@yahoo.com

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

For further information concerning this matter, please call:

Shawn Moss

Name of Person

at (817)

Area Code

505-9539

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MGR = Manager ,
AMBR = Authorized Member

[illegible]