

L18000004880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

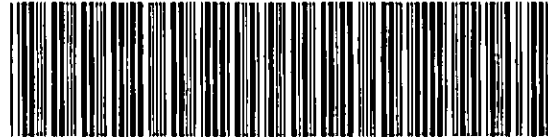
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2018

GLENN H SONODA
8131 VINELAND AVE #249
ORLANDO, FL 32821 US

SUBJECT: MARINE CHAIN DIRECT, LLC
Ref. Number: L18000004880

We have received your document for MARINE CHAIN DIRECT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 618A00000771

RECEIVED
JAN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marine Chain Direct, 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:

Glenn H. Sonoda

Name of Person

Firm/Company

8131 Vineland Ave. #249

Address

Orlando, FL 32821

City/State and Zip Code

glenn.sonoda@gmail.com

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

For further information concerning this matter, please call:

Glenn H. Sonoda

561

283-4412

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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 January 22 2018


Signature of a member or authorized representative of a member

Glenn H. Sonoda, Esq., Attorney and authorized representative of Twin Vee Powercats, Inc.

Typed or printed name of signee