

L180000022130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

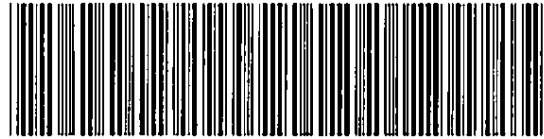
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300419875433

12/08/13--01001--012 ** 10.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ~~Name Change~~ J & B Skyway

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:

Joseph DiMisa

Name of Person

Firm/Company

3401 W Lykes Ave

Address

Tampa, Florida

City/State and Zip Code

jdimisa@verizon.net

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

For further information concerning this matter, please call:

Joseph DiMisa

770 403-8006

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

If Changing Registered Agent, Signature of New Registered Agent

1

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Dec 4, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Joseph DiMisa

Typed or printed name of signee

Filing Fee: ~~\$25.00~~