

L18000032650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

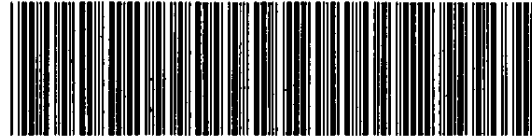
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Glenn Adshade GAVE
AUTHORIZATION BY PHONE TO
CORRECT action
DATE 4/19/18
DOC. EXAM JH

Office Use Only



200310807552

03/23/18--01008--018 **60.00

FILED
2018 APR -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 09 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: logandesignllc

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 adshade

Name of Person

logandesignllc

Firm/Company

714 musagorun

Address

lakemary florida 32746

City/State and Zip Code

gadshade@gmail.com

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

For further information concerning this matter, please call:

glenn adshade

407 4169514
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

GLENN AD SHADE
714 MUSAGORUN
LAKEMARY, FL 32746

SUBJECT: LOGANDDESIGNLABSLLC
Ref. Number: W18000028874

FILED
2018 APR - 6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LOGANDDESIGNLABSLLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Page 2 is missing.

Attached is a printout of the business with the document number imputed.,

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 718A00005986

The business was dissolved
And I have no intention
of reinstating it

Sign Jlun Aelsbad 4/4/18

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>
			<input type="checkbox"/> Add
		Brenda Adshade	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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SECRETARY OF STATE
ALABAMA
APR - 6 PM 10 15
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 03/21/2018

4/4/18
Glenn Adshade

Signature of a member or authorized representative of a member

glenn adshade

Typed or printed name of signee

FILED
2018 APR -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA