

L18000217304

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

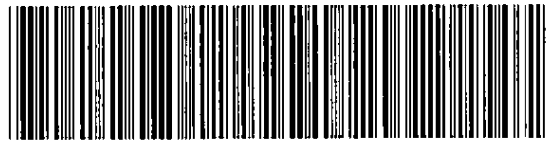
(Business Entity Name)

(Document Number)

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08/16/24--01028--011 **30.00

08/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVE FROM FLORIDA, 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:

Sara Bruya

Name of Person

Firm/Company

6677 Poinsettia Ave. S.

Address

St Petersburg, FL 33707

City/State and Zip Code

sara.bruya@gmail.com

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

For further information concerning this matter, please call:

Sara Bruya

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396-4487

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Dated August 13 2024

Sara Founza
Signature of a member of

Signature of a member or authorized representative of a member

Sara Bruya

Typed or printed name of signee

Filing Fee: \$25.00