

L18 000 224 992



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

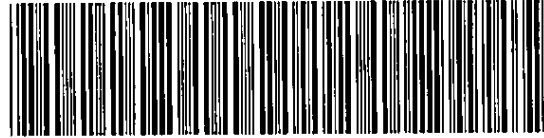
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600436602936

2024 OCT 10 AM 11:07
SEC. OF STATE
TALLAHASSEE, FL

10/10/24--01015--002 **25.00

RECEIVED
2024 OCT 10 AM 11:01
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pine Needle Trail

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:

Robert S. Williams

Name of Person

Williams & Associates, P.A.

Firm/Company

701 East Tennessee Street

Address

Tallahassee, Florida 32308

City/State and Zip Code

rwilliams@williamsassociates.law

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

For further information concerning this matter, please call:

Robert S. Williams 850 222-0013

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Pine Needle Trail, LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

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 October 10 2024

Signature of a member or authorized

Robert S. Williams, Attorney in Fact

Signature of a member or authorized representative of a member

Robert S. Williams, Attorney in Fact

Typed or printed name of signee

Filing Fee: \$25.00