

L180000243305

(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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R. WHITE
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F. 100



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

DONALD BOGGS
214 HWY 73
MARIANNA, FL 32448

SUBJECT: BOGGS TREE SERVICE LLC
Ref. Number: L18000253305

We have received your document for BOGGS TREE SERVICE 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 document is incomplete. Please find enclosed and include the missing pages.

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) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 819A00007807

RECEIVED

2019 MAY 31 PM 5:11

STATE OF FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boggs Tree Services 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:

Donald Boggs

Name of Person

Boggs Tree & Dump Truck Services LLC

Firm/Company

214 Highway 73

Address

Marianna, FL 32448

City/State and Zip Code

donaldboggs1967@gmail.com

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

For further information concerning this matter, please call:

Donald Boggs 850 557-7570
Name of Person at () 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

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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> |
|--------------|-------------|----------------|---------------------------------|
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[illegible]

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

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 March 7, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee