

L18000255388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

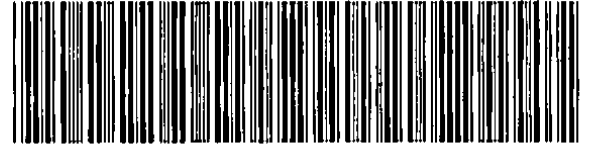
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500330178515

06/10/19--01032--031 **25.00

FILED
JUL 5 2019
JUL 5 2019

D SCOTT

JUL 5 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2019

DIANE M FREANEY
2180 LAKE OSBORNE DR #10
LAKE WORTH, FL 33461

SUBJECT: DMF IRA, LLC
Ref. Number: L18000255388

We have received your document for DMF IRA, 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 registered agent must sign accepting the designation.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00012878

Hi DIONNE,

THANK YOU FOR MAKING ME AWARE OF MY MISTAKE. I HAVE NOW SIGNED THE DOCUMENT.

PEACE + LOVE,

DIANE FREANEY

RECEIVED
JUL 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMF IRA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE M FREANEY
Name of Person

DMF IRA, LLC
Firm/Company

2180 LAKE OSBORNE DRIVE #10
Address

LAKE WORTH, FL 33461
City/State and Zip Code

dfreaney@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M Freaney at (323) 632-6638
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

