

L19000059355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

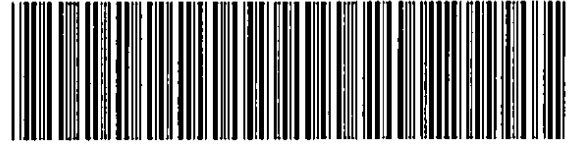
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/04/23--01007--018 **25.00

2023 JUL 21 PM 2:43
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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Y. SCOTT

JUL 22 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2023

STEPHEN ARNOLD
303 S. FLORIDA AVE.
SUITE 300
LAKELAND, FL 33801

SUBJECT: THREESTONES DEVELOPMENT LLC
Ref. Number: L19000059355

We have received your document for THREESTONES DEVELOPMENT 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):

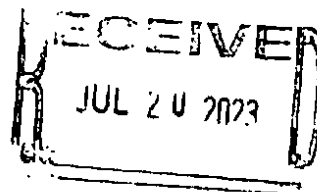
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 223A00011565



COVER LETTER

**TO: Registration Section
Division of Corporations**

Three Stones Development

SUBJECT: _____
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:

Stephen Arnold

Name of Person

Three Stones Development

Firm/Company

303 S Florida Ave, Suite 300

Address

Lakeland, FL 33801

City/State and Zip Code

Stephen@builtbyarnold.com

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

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REG. DIV. OF STATE
CORP. SEC. FI.

For further information concerning this matter, please call:

Stephen Arnold

863

529-3700

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 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

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SECRETARY OF STATE
OFFICE

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

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2023 JUL 21 PM 2:43
SECRETARY OF STATE

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)

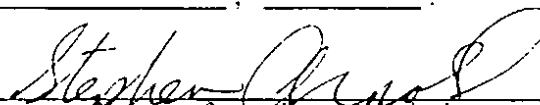
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

March 29th


2023

Dated _____


Signature of a member or authorized representative of a member

7/18/23

Stephen Arnold


Typed or printed name of signee