

219000110294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

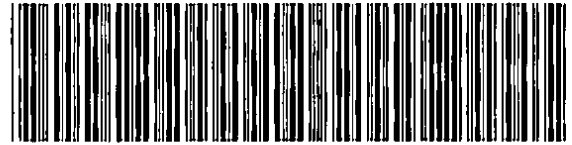
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/05/19--01025--028 \*\*60.00

2019 JUL 30 P 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A+ Drafting 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:

Robyn Souser

\_\_\_\_\_  
Name of Person

A+ Drafting Services, LLC

\_\_\_\_\_  
Firm/Company

13411 Utah Woods Court

\_\_\_\_\_  
Address

Orlando, FL 32824

\_\_\_\_\_  
City/State and Zip Code

aplusdraftingservices@outlook.com

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

For further information concerning this matter, please call:

Robyn Souser

941 6626324  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2019

ROBYN SOUSER  
13411 UTAH WOODS CT  
ORLANDO, FL 32824

SUBJECT: A+ DRAFTING SERVICES, LLC  
Ref. Number: L19000110294

We have received your document for A+ DRAFTING SERVICES, LLC and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have a member or authorized representative sign the amendment.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 619A00014536

RECEIVED

2019 JUL 30 AM 11:48

FILED

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

2011 JUL 30 P 5:30

and assigned  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthaler and Whistler (1973).

[illegible]

(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.

(b) The 90th day after the record is filed.

July 22, 2019

Lobyn Sawyer  
Signature of a member

Signature of a member or authorized representative of a member

Robyn Souser

Typed or printed name of signee