

L19000/27698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

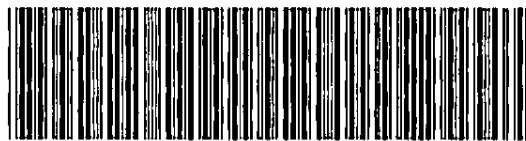
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR -9 PM 3:01

O SIMMONS
MAR 24 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2020

BEVERLY PEEBLES
35246 US HWY 19 N #167
PALM HARBOR, FL 34684

SUBJECT: KOVAK, LLC
Ref. Number: L19000127698

We have received your document for KOVAK, 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 see the attached packet for complete document.

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 920A00019274

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KOVAK, 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:

BEVERLY PEEBLES

Name of Person

Firm/Company

35246 U.S. HWY 19N, PMB 167

Address

PALM HARBOR FL 34684

City/State and Zip Code

beverly.peebles@navron.com

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

For further information concerning this matter, please call:

BEVERLY PEEBLES

256 383-4848
at ()

Name of Person

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

2021 MAR -9 PM 3:01

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

If Changing Registered Agent, Signature of New Registered Agent

_____ ☐ Change

2021 MAR -9 PM 3:01

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 AUGUST 11 2020

Signature of a member or authorized representative of a member

JAMES K. POWERS

Filing Fee: \$25.00