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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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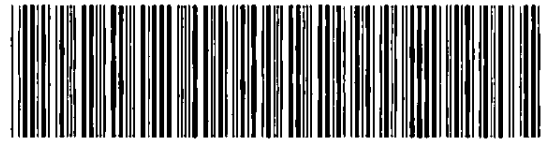
(Business Entity Name)

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R. HUNT

09/09/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilson Sportfishing 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:

Gina Wilson
Name of Person

Wilson Sportfishing LLC
Firm/Company

214 15th Ave N
Address

St Petersburg, FL 33704
City/State and Zip Code

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

For further information concerning this matter, please call:

Parker Wilson at (540) 247 - 7037
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilson Sportfishing 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:

Gina Wilson
Name of Person

Wilson Sportfishing LLC
Firm/Company

214 15th Ave N
Address

St. Petersburg, FL 33704
City/State and Zip Code

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

For further information concerning this matter, please call:

Parker Wilson at (540) 247-7087
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Wilson Sportfishing LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

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MISSISSIPPI

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 September 3, 2024

B. De

Signature of a member or authorized representative of a member

Gina H. Wilson

Typed or printed name of signee

Filing Fee: \$25.00