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C. KIRSE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST CORNER STORE 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:

RICHARD K WILFORD

Name of Person

AMBASSADORS TAX & FINANCIAL SERVICES LLC

Firm/Company

3001 SW COLLEGE ROAD PMB NO 40

Address

OCALA, FL 34474-4415

City/State and Zip Code

richardwilford60@gmail.com

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

For further information concerning this matter, please call:

RICHARD K WILFORD

352 812-0949
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

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>
MGR	AARON FRANCK	19115 NW212TH ST HIGH SPRINGS FL 321643	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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 OCTOBER 26 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee