

L19000 218378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

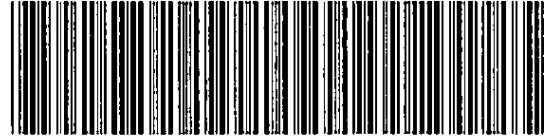
(Business Entity Name)

(Document Number)

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2020 JAN 29 PM 1:10

C. GOLDEN
FEB 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITH FAMILY ADVENTURES 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:

James Andrews

Name of Person

Andrews Accountancy LLC

Firm/Company

8566 NW 19th Dr

Address

Coral Springs, FL 33071

City/State and Zip Code

jand592040@aol.com

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

For further information concerning this matter, please call:

James Andrews

305 323 1278
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 Address:

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

2023.07.29 Fri 1:10

(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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Laura Helen Smith	839 Oak Shadows Road, Celebration, FL 34747	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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[illegible]

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 January 24, 2020

Cari Jack

Gavin P Smith

Typed or printed name of signee

Filing Fee: \$25.00