

L200000 26955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

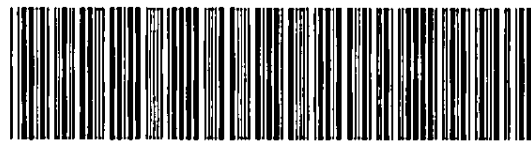
(Business Entity Name)

(Document Number)

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09/29/21--01011--008 **25.00

10/16/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRIME BITERS 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:

BRIAN MARSHALL GRAY

Name of Person

GRIME BITERS LLC

Firm/Company

PO BOX 504

Address

MCINTOSH, FL 32664

City/State and Zip Code

MARSATCOMP@AOL.COM

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

For further information concerning this matter, please call:

MARSHALL GRAY

850 313-1950
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

2000 29 PM 0:00

(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

[illegible]

[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 SEPTEMBER 24, 2021

Signature of a member or authorized representative of a member

Brian Marshall Gray
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00