

L200000 56653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

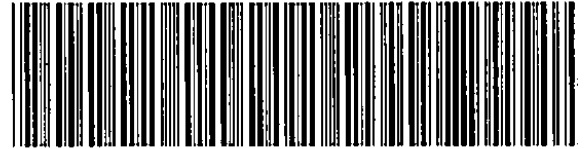
(Business Entity Name)

(Document Number)

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JUL 30 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORALLREK, 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:

TEMPLE H. DRUMMOND

Name of Person

DRUMMOND WEHLE YONGE LLP

Firm/Company

6987 EAST FOWLER AVENUE

Address

TAMPA, FLORIDA 33617

City/State and Zip Code

TEMPLE@DWYFIRM.COM

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

For further information concerning this matter, please call:

TEMPLE H. DRUMMOND

813

983-8000

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



2020 JUL 10 PM 1:59

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2020

TEMPLE H. DRUMMOND
DRUMMOND WEHLE YONGE LLP
6987 EAST FOWLER AVENUE
TAMPA, FL 33617

SUBJECT: MORALLTEK, LLC
Ref. Number: L20000056653

We have received your document for MORALLTEK, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ✓ off
a

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00013491

If Changing Registered Agent, Signature of New Registered Agent

Case	Initial State	Final State	Operation
1	<input type="checkbox"/> Add
2	<input type="checkbox"/> Remove
3	<input type="checkbox"/> Change
4	<input type="checkbox"/> Add
5	<input type="checkbox"/> Remove
6	<input type="checkbox"/> Change
7	<input type="checkbox"/> Add
8	<input type="checkbox"/> Remove
9	<input type="checkbox"/> Change
10	<input type="checkbox"/> Add
11	<input type="checkbox"/> Remove
12	<input type="checkbox"/> Change
13	<input type="checkbox"/> Add
14	<input type="checkbox"/> Remove
15	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02(c)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00