

**L20 000056689**

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

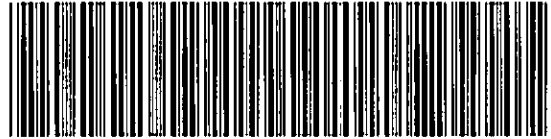
(Document Number)

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2020 APR 13 PM 2:07

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APR 15 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 APR 13 11:38

March 27, 2020

MICHELLE LAROSE  
5845 FAIRFIELD AVE S  
#3  
ST PETERSBURG, FL 33707

SUBJECT: PHANTOM ALLIANCE LLC  
Ref. Number: L20000056689

We have received your document for PHANTOM ALLIANCE 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.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00006833

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Phantom Alliance 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:

Michelle LaRose

Name of Person

Phantom Alliance LLC

Firm/Company

5845 Fairfield Ave. S. #3

Address

St. Petersburg FL 33707

City/State and Zip Code

aerochyld@gmail.com

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

For further information concerning this matter, please call:

Michelle LaRose

Name of Person

at ( 727 )

Area Code

742-5262

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

## PHANTOM ALLIANCE LLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

2020 APR 13 PM 2:07

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**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 March 11, 2020

Signature of a member or authorized

Signature of a member or authorized representative of a member

Michelle LaRose

Typed or printed name of signee

**Filing Fee: \$25.00**