

L20000092609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

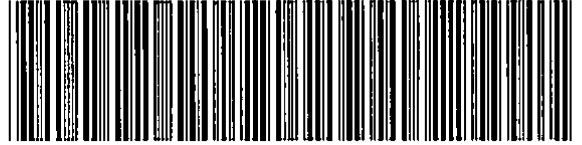
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2020 APR -7 AM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOAC Direct Whosale 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:

Dexter L. Rutledge  
Name of Person

\_\_\_\_\_  
Firm/Company

1117 LaSalle St  
Address

Clearwater, FL 33755  
City/State and Zip Code

Drutledge1966@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dexter Rutledge at (813) 531-3019  
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

LOAC Direct Wholesale LLC

Loac Direct Wholesale LLC

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

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>
error D.R. MGR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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RECEIVED  
2007 APR 7 AM 7:04  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/15/03 BY 60322 UCBAW

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 APR - 7 AM 7:04  
RECEIVED  
CLERK/SECRETARY

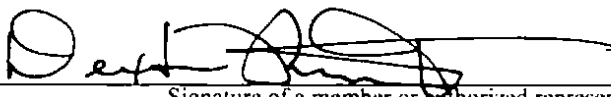
E. Effective date, if other than the date of filing: 03/29/2020 (optional)

(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 605.0207 (3)(b)

**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.

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.

Dated April 15<sup>th</sup> 2020



Signature of a member or authorized representative of a member

Dexter Rutledge

Typed or printed name of signee