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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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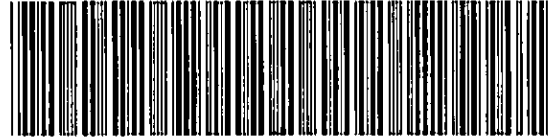
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL ARKASSEE, ALBERTA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Escape Me, 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:

Madison A Polm

Name of Person

Escape Me, LLC

Firm/Company

2654 Shannon Street

Address

Orange Park, FL 32065

City/State and Zip Code

madisonpigeon@yahoo.com

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

For further information concerning this matter, please call:

Madison A Polm

904

480-4602

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

