

L20000 143034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

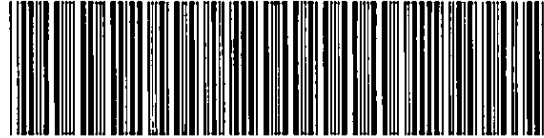
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600351756566

09/09/20--01028--018 **25.00

PAID
09/09/20

09/09/20 7:13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: After Life Consultants & Cremations L. L. C.

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:

Clarina JeanPierre

Name of Person

After Life Consultants & Cremations, L. L. C.

Firm/Company

2904 NW 60 Terrace, Unit 4-343

Address

Sunrise, FL, 33313

City/State and Zip Code

TheAfterLifeJP@gmail.com

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

For further information concerning this matter, please call:

Clarina JeanPierre

978

276-9645

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[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 605.0207 (3)(b)

Dated August 10th, 2020

Signature of a member

Clarina JeanPierre

Typed or printed name of signee