

L20000157898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

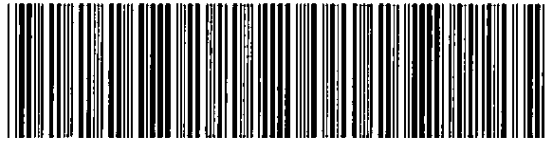
(Business Entity Name)

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STATE  
OFFICE  
FLORIDA  
PM 3:45

K. HUNT  
07/31/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6103 Aqua 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:

Francis X.J. Lynch, Esq.  
Name of Person  
Sniffen & Spellman, P.A.  
Firm/Company  
605 N. Olive Ave., 2nd Flr  
Address  
West Palm Beach, FL 33401  
City/State and Zip Code  
flynych@sniffenlaw.com  
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FL  
2011 JUN 21 PM 3:45

For further information concerning this matter, please call:

Francis X.J. Lynch, Esq. at ( 561 ) 721-4004  
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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FL  
MAY 11 11 31 AM '05

