

# L20000246345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

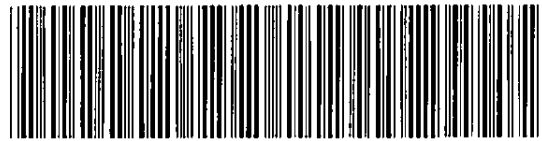
Special Instructions to Filing Officer.

N20000246345  
D.A.H. - LLC

11/19/2024 Mr. L.D. Stutes  
is not coming himself. Mr. Stutes  
gave me permission to remove him  
on the phone.

Anissa Butler,  
Office Use Only

Regulatory Specialist, Amendment  
Session



400437134414

10/01/24--01010--020 \*\*42.75

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOVA SCANDINAVIA CONSULT 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:

LARRY D. STATES  
Name of Person

NOVA SCANDINAVIA CONSULT, LLC  
Firm/Company

122 BEARSS CIRCLE  
Address

LONGWOOD, FL 32750  
City/State and Zip Code

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

For further information concerning this matter, please call:

L.D. STATES  
Name of Person

at (321) 439-4509  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$43.75 previously submitted

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

NOVA SCANDINAVIA CONSULT LLC

BEARUP ALLIANCE, LLC

122 BEARDS C/A  
LONGWOOD, FL 32750

122 BEARSS CIR  
LONGWOOD, FL 32750

L.D. STATES

122 BEASS CIRCLE

LONGWOOD

32750

**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>
<u>MS</u>	<u>BETTINA STANEE</u> <u>CITARELLA</u>	<u>122 BEARSS CIR</u> <u>LONGWOOD, FL 32750</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MR</u>	<u>LARRY D. STUTES</u>	<u>122 BEARSS CIR</u> <u>LONGWOOD, FL 32750</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[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)

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.

  
Signature of a member or authorized representative of a member

LARRY D. STUTES  
Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2024

LARRY D STUTES  
122 BEARSS CIRCLE  
LONGWOOD, FL 32750

SUBJECT: NOVA SCANDINAVIA CONSULT LLC  
Ref. Number: L20000246345

We have received your document for NOVA SCANDINAVIA CONSULT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 324A00022869

