

L2 0000264604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

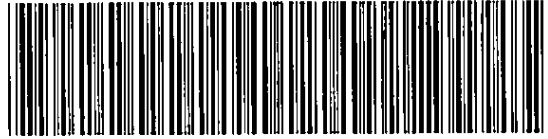
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100404964561

2023 FEB 27 6:11:23

FILED

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2022

ARIEL WATSON
54 NW 40TH ST
MIAMI, FL 33127

SUBJECT: DYSPENSARY LLC
Ref. Number: L20000264604

We have received your document for DYSPENSARY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

TERARRA A SIMMONS
OPS

Letter Number: 222A00007055

677 7 11:21

2023 FEB 27 4:11:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dyspensary 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:

Ariel Watson

Name of Person

Dyspensary LLC

Firm/Company

1145 NW 40th st

Address

Miami, FL 33127

City/State and Zip Code

laroyariel@gmail.com

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

For further information concerning this matter, please call:

Ariel Watson

202 3780086

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

2023 FEB 27 14:11:23

Dyspensary LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]


2023 FEB 27 AM 11:24

2023 FEB 27 11:11:24

(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.

January 10, 2025



Kristin Johnson, Co-Member, Southfield Area Anti-Racism Committee

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00