## L21000013375

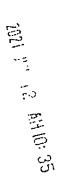
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
` , ,				
(Document Number)				
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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp				
SUBJECT: <u>LOG</u>	GERITEAD I Name of Lim	POPERTY SER	VICES LL.C.	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	M ALC	OLM HOADE Name of Person		
	LOGGE	ERITE AD PROPER	TY SERVICES L.L	- <u>۲</u>
	316 E	KALMIA DR Address		
	LAKE PAG	City/State and Zip Code		
	MHOADELP E-mail address: (	5 @ Gmail - Com	lication)	
For further information co	ncerning this matter, please c	all:		
MALCOL M Name of	HADE Person	at (561) 900 - Area Code Daytim	6365 2 Telephone Number	
Enclosed is a check for the	following amount:			
E \$25.00 Filing Fee ALED PREVIOUSLY	□ \$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		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		=		

Tallahassee, FL 32303



June 8, 2021

MALCOLM HOADE 316 E. KALMIA DR. LAKE PARK, FL 33403

SUBJECT: LOGGERHEAD PROPERTY SERVICES LLC

Ref. Number: L21000013375

We have received your document for LOGGERHEAD PROPERTY SERVICES 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.

Letter Number: 521A00012430

Alecia Rivers Regulatory Specialist II 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>	Address	Type of Action
AMBR	MALLOLM HOADE	316 E KALMIA DR	[2\times\dd]
		LAKE PARK, FL 33403	□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change