

L21000043876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

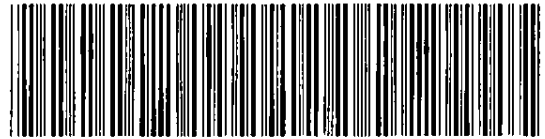
(Document Number)

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Signature

Office Use Only



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11/05/24--01024--008 **60.00

2025 JUL 23 AM 9:45

Amend

FEB 01 2025

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Walk The Walk Productions, 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:

Sharon L. Pfeiffer

Name of Person

Walk The Walk Productions, LLC

Firm/Company

380 West Palmetto Park Rd. C214

Address

Boca Raton, Florida 33432

City/State and Zip Code

shardan323@hotmail.com

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

For further information concerning this matter, please call:

Sharon L. Pfeiffer

954 802-4582
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

2025 JUL 23 PM 9:15

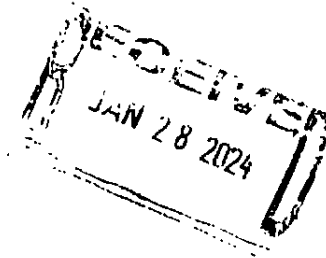


FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2025

SHARON L PFEIFFER
WALK THE WALK PRODUCTIONS, LLC
380 WEST PALMETTO PARK RD. C214
BOCA RATON, FL 33432

SUBJECT: WALK THE WALK PRODUCTIONS, LLC
Ref. Number: L21000043876



We have received your document for WALK THE WALK PRODUCTIONS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Operations Manager A

Letter Number: 325A00000580

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/25

2024

Signature of a member or authorized representative of a member

Sharon L. Pfeiffer

Filing Fee: \$25.00