

L21000051331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

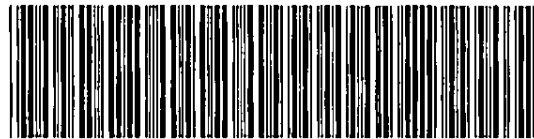
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/13/21--01022--010 **25.00

FILED
2021 SEP -1 PM 2:57
CLERK OF STATE
TALLAHASSEE, FL

SEP 13 2021



FLORIDA DEPARTMENT OF STATE -1 AM 10:14
Division of Corporations

August 16, 2021

DENISE EFTRIDGE
5093 ELWOOD RD
SPRING HILL, FL 34608

SUBJECT: TURKEY BAG COLLECTION, LLC
Ref. Number: L21000051331

We have received your document for TURKEY BAG COLLECTION, 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):

We have not received the complete document. The first page missing.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00019540

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turkey Bag Collection 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:

Denise LeFrandge
Name of Person

Firm/Company

5093 Edward rd
Address

Spring Hill, FL 34608
City/State and Zip Code

Denise L100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise LeFrandge at (727) 768-3450
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 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

Turkey Bag Collection, LLC

Turkey Bag Swap Collection LLC


Same as above

Cabastian Alexander-Johnson

5013 Elwood rd

Springfield
City

Florida 34608
Zip Code


If Changing Registered Agent, Signature of New Registered Agent

[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.

Denise Gelfond
Signature of a member or authorized representative of a member

Denise Leffridge
Typed or printed name of signer

Filing Fee: \$25.00

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>MGR</u>	<u>Denise Leftridge</u>	<u>5093 Elwood rd</u>	<input checked="" type="checkbox"/> Add
		<u>Spring Hill, FL 34608</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Cabastian</u>	<u>same as above</u>	<input checked="" type="checkbox"/> Add
	<u>Alexander-</u>		
	<u>Johnson</u>	_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Cabastian</u>	<u>same as above</u>	<input checked="" type="checkbox"/> Add
	<u>Alexander-</u>		
	<u>Johnson</u>	_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Denise Leftridge</u>	<u>same as above</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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change