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ef 9/11/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUGHNUT EXPRESSO 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:

KATHRYN HREN

Name of Person

DOUGHNUT EXPRESSO LLC

Firm/Company

3337 GROVE PLACE

Address

LAND O LAKES, FL 34639

City/State and Zip Code

KHREN123@GMAIL.COM

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

For further information concerning this matter, please call:

KATHRYN HREN

330 329-4146
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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[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 JUNE 14TH / 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00