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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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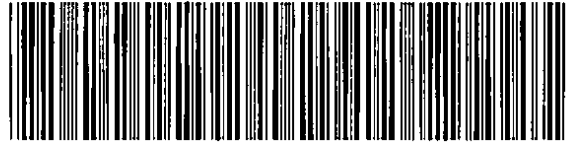
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

SUBJECT: JAMES M STILIANOU JR 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:

JAMES M STILIANOU JR
Name of Person
JAMES M STILIANOU JR LLC
Firm/Company
5143 CHICORY CIRCLE
Address
MIDDLEBURG, FLORIDA 32068
City/State and Zip Code
RATBONE6R9@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M STILIANOU JR 904 993-5384
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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