

L21 000 254365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

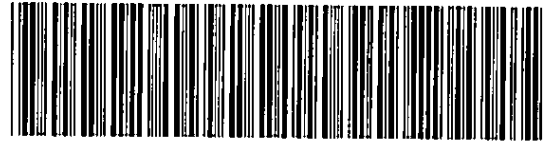
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2021 JUL -6 PM 3:03  
TALLAHASSEE, FL

BRUCE  
JUL 27 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2021

WILLIAM J PRUE  
2773 MORVEN PARK WAY  
THE VILLAGES, FL 32162

SUBJECT: BADGERCONNECT LLC  
Ref. Number: L21000254365

We have received your document for BADGERCONNECT 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 821A00016198

2021 JUL -6 PM 3:03  
FALLA 11:11 AM

11:11 AM



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2021 JUL 23 PM 12:02

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BADGERCONNECT 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:

William J Prue

\_\_\_\_\_  
Name of Person

BADGERCONNECT

\_\_\_\_\_  
Firm/Company

2773 Morven Park Way

\_\_\_\_\_  
Address

The Villages, FL 32162

\_\_\_\_\_  
City/State and Zip Code

bprue@comcast.net

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

For further information concerning this matter, please call:

William J Prue

810

423-2809

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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FILED

**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGR	William J Prue	2773 Morven Park Way, The Villages, FL 32162	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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3:03 PM

2021 JUL -6 PM 3:03  
SULLY AIRCRAFT

2021 JUL -6 PM 3:03  
VALLEYVIEW, OH

(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.

Dated June 7<sup>th</sup>, 2021

Signature of a member or author

Signature of a member or authorized representative of a member

William J Prue

Typed or printed name of signee