

K21 000320158

(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



700372228857

08/27/21--01014--011 **25.00

2021 AUG 27 AM 11:13

76

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobmoto, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Paul

Name of Person

Firm/Company

194 Umbrella Place

Address

Jupiter, Fl.

City/State and Zip Code

jlou.paul@gmail.com

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

For further information concerning this matter, please call:

Justin Paul

772

370-6253

at (_____)

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

Filing Fee:	\$25.00
Certified Copy:	\$30.00 (optional)