

121000323882

(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:

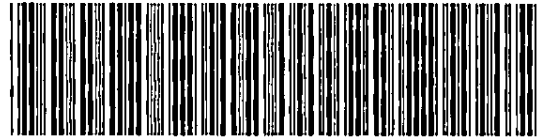
received

09/07

Office Use Only

S. C.

09/22/21



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08/19/21--01010--011 **25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 SEP -7 PM 3:41

August 27, 2021

DENYSS L MARMONA
5363 N.W. WISK FERN CIRCLE
PORT ST LUCIE, FL 34986

SUBJECT: COSMIC HUMMINGBIRD LLC
Ref. Number: L21000323882

We have received your document for COSMIC HUMMINGBIRD 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham
OPS

Letter Number: 121A00020700

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: COSMIC HUMMINGBIRD 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:

DENYSS L. CARMONA

Name of Person

COSMIC HUMMINGBIRD LLC

Firm/Company

5363 NW WISK FERN CIRCLE

Address

PORT ST LUCIE, FL 34986

City/State and Zip Code

cosmichummingbirdllc@gmail.com

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

For further information concerning this matter, please call:

Denyss L. Carmona

772 800-9647
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

Probation office will then forward information to the Drug Court Office.

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

(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 35.0207 (3)(b)

Dated: 09/02/2021

Signature of a member or authorized representative of a member

Denyss L. Carmona
Typed or printed name of signee