

121 000363692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

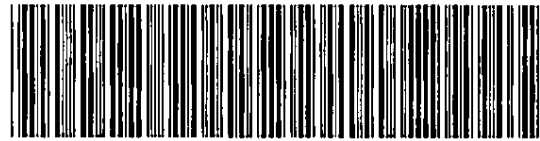
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

123

Office Use Only



500372471165

09/07/21--01015--003 **25.00

RECEIVED
2021 SEP 16 AM 9:33
PROPERTY OF
TALLAHASSEE, FL

PRUCE
SEP 29 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
SEP 27 PM 12:48

September 16, 2021

LARRY CROSS
P&L ACCOUNTING
2420 SW 20TH CT
OCALA, FL 34471

SUBJECT: NEXT LEVEL EQUESTRIAN, LLC
Ref. Number: L21000363692

We have received your document for NEXT LEVEL EQUESTRIAN, 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. *OK NOW*

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: 221A00022431

2021 SEP 16 AM 9:33
RECEIVED
FALLS CHURCH, VA
FALLS CHURCH, VA

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: NEXT LEVEL EQUESTRIAN

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:

Larry Cross

Name of Person

P&L Accounting

Firm/Company

2420 SW 20th Ct

Address

Ocala, FL 34471

City/State and Zip Code

plas.lc@aim.com

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

For further information concerning this matter, please call:

Larry Cross

352 362-9580
at ()
Area Code Daytime Telephone Number

Name of Person

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

SECRET
TALLAHASSEE, FL

2021 SEP 16 AM 9:33

FILED

If Changing Registered Agent, Signature of New Registered Agent

2021 SEP 16 PM 3:42
SECURITY
TALLAHASSEE, FL

2021 SEP 16 AM 9:33
SCOTT COUNTY, IA
TALLAMUS, PL

7
7
7

(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) **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 SEPTEMBER, 2. 2021

Brandon A. Mayer
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00