

h21 000 383 902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

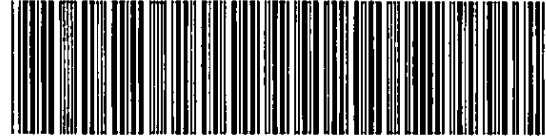
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/05/21--01017--006 **25.00

FILED
2021 JAN 10 PM 12:52
CLARK COUNTY, FL

M. GULKER

JAN 14 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2021

C.C. WADE, LLC.
6545 CAY CIRCLE
BELLE ISLE, FL 32809

SUBJECT: C.C. WADE, LLC.
Ref. Number: L21000383902

We have received your document for C.C. WADE, 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):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00025083

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: C.C. WADE, LLC
Name of Limited Liability Company

2022 JAN 10 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter D. Madison

Name of Person

C.C. WADE, LLC

Firm/Company

6545 Cay Circle

Address

Belle Isle, FL 32809

City/State and Zip Code

madisonproperty@bellsouth.net

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

For further information concerning this matter, please call:

Beverly Madison

407

908-5428

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

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>
AMBR	Mark W. Cantley	207 Memphis Place	<input type="checkbox"/> Add
		Saint Cloud, FL 34769	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter D. Madison	6545 Cay Circle	<input checked="" type="checkbox"/> Add
		Belle Isle, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00