

K21000473408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

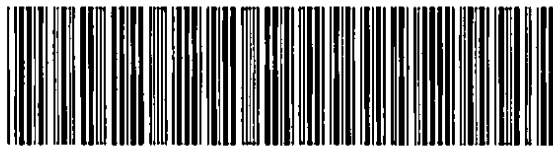
(Business Entity Name)

(Document Number)

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2021 DEC 27 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAHOO PROPERTIES OF JACKSONVILLE, 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:

STANLEY U HUNT

Name of Person

RIVER CPA LLC

Firm/Company

1547 PETERS CREEK RD

Address

GREEN COVE SPRINGS, FL 32043

City/State and Zip Code

INFO@RIVERCPA.COM

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

For further information concerning this matter, please call:

STANLEY U HUNT

904

626-6347

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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2021 DEC 27 AM 7:22

SECRETARY OF STATE
TALL (in our records.) SSER PL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)


If Changing Registered Agent, Signature of New Registered Agent

[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.

NOVEMBER 10 2021


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00