

W22000145524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

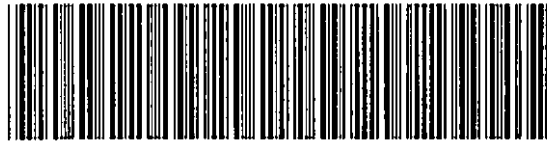
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500391508475

07/29/22 -00015--000 **35.00

FILED
2022 OCT 28 PM 12:58
CL. ASSISTANT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2022

BRANDON RANDOLPH
28 CHRISTIANA AVE
APOPKA, FL 32703

SUBJECT: PEEL N DRAG CUSTOM RODS LLC
Ref. Number: L22000145524

We have received your document for PEEL N DRAG CUSTOM RODS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 522A00023466

FILED

2022 OCT 24 PM 12:58

CLERK OF COURT
HALL COUNTY, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peel N Drag LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Drucker
Name of Person

Peel N Drag LLC
Firm/Company

7012 Clarcona Ocoee Road
Address

Orlando, FL 32818
City/State and Zip Code

petshotsnls@gmail.com ~~Peel N Drag LLC~~ Peelndragfishing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Drucker OR Brandon Randolph at 407 960-4748 or 407-283-2929
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 ☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

*pls refund the
\$10.00 overpayment*

FILED
2022 OCT 28 PM 12:58
FL DIVISION OF CORPORATIONS

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a) 7012 Clarcona Ocoee Road Orlando FL 32818 (b) same

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

same

1.22000145524

4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Same as above

FL

Brandon M. Randolph, Sr

NEW Registered Office Address:

2 S. Christiana Ave

Апопка 32703

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Karen S Drucker

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Brandon M. Randolph, SE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money.

Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION BELOW WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK.
PLEASE TYPE OR PRINT LEGIBLY.

Name: _____ FEIN or SS No _____

Address: _____

Phone Number: _____

Amount: \$10.00 Date Paid 07/26/2022

Reason for Claim: Refund requested for overpayment.

Name: PEEL N DRAG CUSTOM RODS LLC L22000145524--500391508475

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 10.00

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State

Treasurer's Receipt No 01015--003 dated 07/26/2022

NAME OF ACCOUNT: _____

ACCOUNT CODE																								
4	5	1	0	1	0	0	0	1	3	2	4	5	3	0	0	1	0	0	0	0	1	0	0	0

Statutory Authority for Collection: 605

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE																												
4	5	1	0	1	0	0	0	1	3	2	4	5	3	0	0	1	0	0	0	0	2	2	0	0	2	0	0	0

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Agency _____

Signature of Authorized Person _____

Title _____

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
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4	5	1	0	1	0	0	0	1	3	2	4	5	3	0	0
1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Statutory Authority for Collection: 605

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE															
4	5	1	0	1	0	0	0	1	3	2	4	5	3	0	0
1	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Agency _____

Signature of Authorized Person _____

Title _____