

122 000146095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

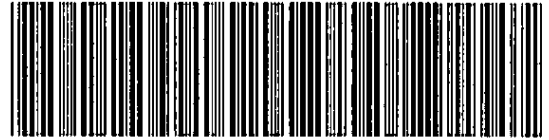
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300386454353

04/25/22--01018--019 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 25 AM 11:03

T. MATTHEWS

JUN 13 2022

1. *Chlorophyll a* (Chl *a*)

SUBJECT: Tux Concierge, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Name of Person

Firm/Company

Firm/Company

Address

Address

City/State and Zip Code _____

City/State and Zip Code

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

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

Chris Pernicano	954	816-6372
Name of Person	Area Code	Daytime Telephone Number

Chris Pernicano

954
at ()

816-6372

Name of Person

Area Code

Daytime Telephone Number

☒ \$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)

☒ \$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)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	TUCHO, TYLER	1038 E. LOS OLAS BLVD.	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TUCHO, TRISTAN	1038 E. LOS OLAS BLVD.	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TUCHOW, TYLER	1038 E. LAS OLAS BLVD.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TUCHOW, TRISTAN	1038 E. LAS OLAS BLVD.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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

Typed or printed name of signee