

L22000230144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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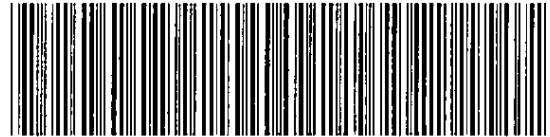
(Business Entity Name)

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2023 Jun 16 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF CONNECTICUT

R. HUNT

06/16/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mad Lad, L.L.C.  
\_\_\_\_\_

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:

Palmer Leary  
\_\_\_\_\_

Name of Person

Mad Lad, L.L.C.  
\_\_\_\_\_

Firm/Company

209 W. Alva St.  
\_\_\_\_\_

Address

Tampa, Florida 33603  
\_\_\_\_\_

City/State and Zip Code

PalmerJ.Leary@gmail.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Palmer Leary  
\_\_\_\_\_

321 230-1873  
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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

**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 November 14th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**