

L22000231389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

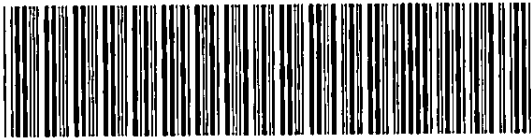
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/31/23--01014--013 **25.00

FILED
2023 MAY 31 PM 2:07

S. ROBERTS

MAY 22 2023

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	Shirley Edwards	53 Evenshade Way	<input type="checkbox"/> Add
		St Augustine, FL 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Cameron Edwards	53 Evenshade Way	<input type="checkbox"/> Add
		St Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Samuel Edwards	53 Evenshade Way	<input type="checkbox"/> Add
		St Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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