

L72000 20/1524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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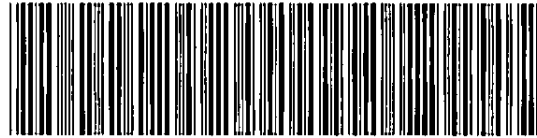
(Business Entity Name)

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A. HUNT

06/14/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAN A HLYWA RE. 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:

NICOLE CREESE

Name of Person

BLUE JAY TAX SERVICES LLC

Firm/Company

200 CAPRI ISLES BLVD UNIT 7F

Address

VENICE, FL 34292

City/State and Zip Code

NICOLE@BLUEJAYTAX.COM

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

For further information concerning this matter, please call:

NICOLE CREESE

941 888-4222
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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2023 JUL 14 PM 2:50
TALLAHASSEE, FL
CLERK OF STATE

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

ED
787 11 P12:
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

REC'D
JAN 14 PM 2:51
TALLAHASSEE, FL
DEPT. OF STATE

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 JUNE 10 1971 2024

JOANN ELYWA

Typed or printed name of signee

Filing Fee: \$25.00