

12200025111C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

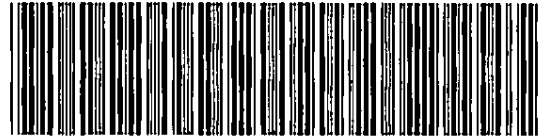
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2022 JUL 15 AM 8:09
SECRETARY OF STATE
TREASURY

COVER LETTER

**TO: Registration Section
Division of Corporations**

TonyBen, LLC

SUBJECT: _____
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:

Hector Benavides

Name of Person

TonyBen, LLC

Firm/Company

298 Lake Vista Drive

Address

Auburndale, FL 33823

City/State and Zip Code

tonyben@tonybenm14.com

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

For further information concerning this matter, please call:

Hector Benavides

503 442-5273

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

If Changing Registered Agent, Signature of New Registered Agent

2012 JUL 15
10:00 AM
10:00 AM

2002 JUN 15

(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.

2022

Dated _____, _____.

[Handwritten signature]

Hector Benavides

Typed or printed name of signee