

L22000363312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

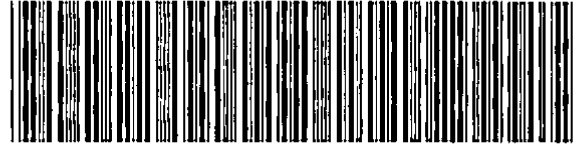
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

FEB - 1 2023



600395493446

11/14/2023 11:25

11-10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anoukvieuxroy4, 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:

Anouk Vieux Roy

Name of Person

Anoukvieuxroy4, LLC

Firm/Company

11361 SW 109th Rd., Unit C

Address

Miami, Florida 33176

City/State and Zip Code

anoukvieuxroy@yahoo.com

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

For further information concerning this matter, please call:

Anouk Vieux Roy

786

230-5563

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

