

L22000393174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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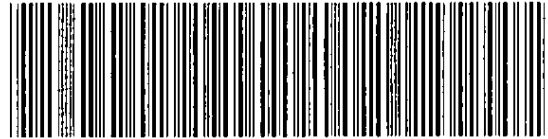
(Business Entity Name)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MAINSOFT 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:

ALBALUCIA FOLEY - REGISTERED AGENT

Name of Person

FOLEY FORENSIC ACCOUNTING LLC

Firm/Company

4100 CORPORATE SQUARE STE 100

Address

NAPLES FL 34104

City/State and Zip Code

INFO@FOLEYFORENSICACCG.COM

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

For further information concerning this matter, please call:

ALBALUCIA FOLEY

239 300-6660
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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MAINSOFT LLC

Alldredge
If Changing Registered Agent, Signature of New Registered Agent

[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 07/20 2023

Typed or printed name of signee

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