

L22000461133

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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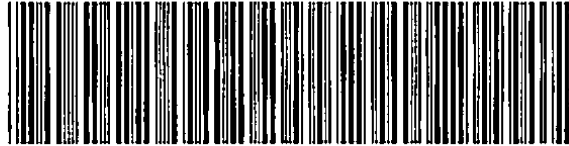
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TALLAHASSEE, FL

g 11/22/2023

**Registration Section
Division of Corporations**

ECT: _____
Name of Limited Liability Company

Name of Limited Liability Company

to return all correspondence concerning this matter to the following:

Name of Person

Name of Person

Firm/Company

Firm/Company

Address

Address

City/State and Zip Code _____

City/State and Zip Code

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

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

g Parsons	727	7981496
Name of Person	Area Code	Daytime Telephone Number

g Parsons

727

7981496

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Name of Person

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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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TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

U = Manager
UR = Authorized Member

MR = Authorized Member

Type of Action

☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ated _____

10/28/22

Signature of a member or authorized representative of a member

CRAIG D. PARSONS

Typed or printed name of signee