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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BRADLEY SVCS 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:

ARTHUR L. BRADLEY JR.

Name of Person

BRADLEY SVCS LLC

Firm/Company

1170 TREE SWALLOW DR #329

Address

WINTER SPRINGS, FLORIDA 32808

City/State and Zip Code

INFORMATION@BRADLEYSVCS.COM

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

For further information concerning this matter, please call:

ARTHUR L. BRADLEY JR.

407 796-1672
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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TALLAHASSEE, FL

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BRADLEY SVCS LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARTHUR L. BRADLEY JR	3157 MANDEVILLE STREET DELTONA FL 32738	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	LORNA M BRADLEY	3157 MANDEVILLE STREET DELTONA FL 32738	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ARTHUR L BRADLEY III	3157 MANDEVILLE STREET DELTONA FL 32738	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	CHARLES A BRADLEY	3157 MANDEVILLE STREET DELTONA FL 32738	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	CALEB J BRADLEY	3157 MANDEVILLE STREET DELTONA FL 32738	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	NATALIE N BRADLEY	3157 MANDEVILLE STREET DELTONA FL 32738	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA

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

REMOVE:

AP

GABRIELLE E BRADLEY

3157 MANDEVILLE STREET

DELTONA, FL 32738

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SECRETARY OF STATE
TALLAHASSEE, FL

PM 1:50

E. Effective date, if other than the date of filing: _____ (optional)

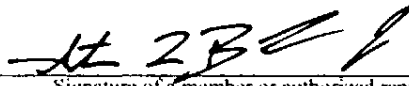
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated

11.21/November 21, 2022



Signature of a member or authorized representative of a member

ARTHUR L BRADLEY JR

Typed or printed name of signee