

L22000467092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

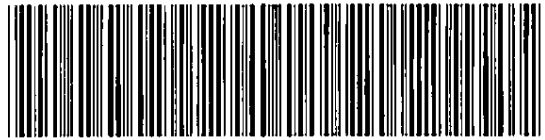
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Special Instructions to Filing Officer.

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10/26/23--01010--004 \*\*25.00

FILED  
2023 OCT 26 AM 11:25  
SECRETARY OF STATE  
HARTFORD, CT 06103

## COVER LETTER

COVERY LLC

Name of Limited Liability Company

nt and fee(s) are submitted for filing.

icerning this matter to the following:

ADAM MEDLEY

Name of Person

DAMAGE FREE RECOVERY LLC

Firm/Company

2601 N 12TH AVENUE

Address

PENSACOLA, FL 32503

City/State and Zip Code

CHELSEA.SALAZ@OUTLOOK.COM

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

For further information concerning this matter, please call:

ADAM MEDLEY

Name of Person

850

712-4618

at ( )

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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2023 OCT 26 AM 11:25  
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MISSOURI

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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	DEGRAAF, SUSAN R	6921 HWY 99	<input type="checkbox"/> Add
		MOLINO, FL 32577	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KING, THOMAS D	4328 BURTONWOOD DR	<input type="checkbox"/> Add
		PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated September 5, 2023

ADAM MEDLEY

Typed or printed name of signee

**Filing Fee: \$25.00**