

L 22 000 472509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

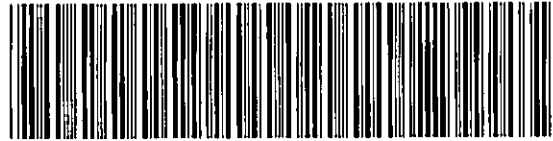
(Business Entity Name)

(Document Number)

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02/10/23--01007--003 **25.00

02/10/23 01:03:07
02/10/23 01:03:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WVC ADVENTURES 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:

WILLIAM CLARK

Name of Person

WVC ADVENTURES LLC

Firm/Company

417 BOB MCCASKILL DR

Address

DEFUNIAK SPRINGS, FL 32433

City/State and Zip Code

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

For further information concerning this matter, please call:

DEBORAH L. WIMER-ZILLS

850
at ()

496-5461

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

RECEIVED 10 APR 11 11:44

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
 APR 11 1944
 U.S. DEPT. OF AGRICULTURE
 BUREAU OF PLANT INDUSTRY

(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.

X Eileen Clark
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00