

L22000523335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

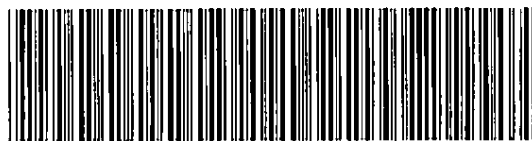
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 14 PM 4:06
TREASURY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sanford Soaps 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:

Harold Smauley

Name of Person

Sanford Soaps LLC

Firm/Company

2401 Grandview Ave. S.

Address

Sanford, Florida 32771

City/State and Zip Code

Smauleyh@gmail.com

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

For further information concerning this matter, please call:

Harold Smauley

407
at ()

416-0949

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

Sanford Soaps 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>
AMBR	Palmer J. Leary	209 W. Alva St.	<input checked="" type="checkbox"/> Add
		Tampa, Fl 33603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Frank Mele	2315 W. North A St.	<input checked="" type="checkbox"/> Add
		Unit #6	<input type="checkbox"/> Remove
		Tampa, Fl 33609	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Harold W. Smalley
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00