

L23 0000 38 774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

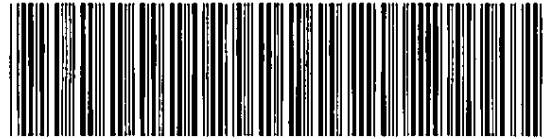
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/17/21--01003--010 **25.00

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02/17 PM 3:37
CLERK OF STATE
TALLAHASSEE, FL

~~RECEIVED~~

R. HUNT

02/17/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OVIEDO QUICK STOP 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:

Hyang Kim

Name of Person

Apex Tax & Accounting, Llc.

Firm/Company

375 Douglas Ave.Suite 2003

Address

Altamonte Springs, FL 32714

City/State and Zip Code

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

For further information concerning this matter, please call:

Hyang Kim

407

962-9888

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

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>
MGRM	PAK, OK PAK Y	85 N CENTRAL AVE	<input type="checkbox"/> Add
		OVIEDO, FL 32765	<input checked="" type="checkbox"/> Remove
		85 N CENTRAL AVE	<input type="checkbox"/> Change
MGRM	PAK, OK CHA	OVIEDO, FL 32765	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 12/13/2017 10:33 AM
 12/13/2017 10:33 AM

273 FEB 17 PM 3:37
OFFICE OF STATE
TAMPA, FL

RAY, GERALD
TAMPA, FL 33606
17 PM 3:37

(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)

Filing Fee: \$25.00