

L23000042900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

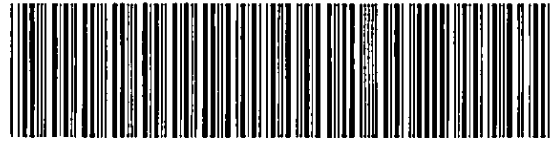
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2024 DEC 12 PM 9:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GALLERY DANCE 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:

ZSUZSANNA SZANTOSI

Name of Person

GALLERY DANCE LLC

Firm/Company

2130 Bay St

Address

SARASOTA, FLORIDA 34237

City/State and Zip Code

susan@vividance.com

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

For further information concerning this matter, please call:

ZSUZSANNA SZANTOSI

Name of Person

at (941)

Area Code

8944168

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

GALLERY DANCE LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

N/A

Filing Fee: \$25.00