

L 23000051682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

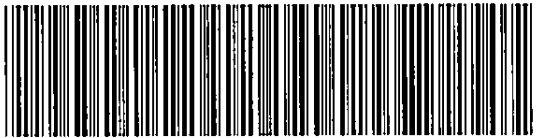
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2022年 12月 12日

S. ROBERTS

MAY 13 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CERTIFIED BLOODLINE KENNEL 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:

ANILUS, WALSON N

Name of Person

Firm/Company

555 NE 157 TERRACE

Address

NORTH MIAMI, FL 33162

City/State and Zip Code

305Faamous@Gmail.com

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

For further information concerning this matter, please call:

ANILUS, WALSON N

786 973-0662
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03/23 / 2023

2/23 2023



Signature of a member of a

Signature of a member or authorized representative of a member

ANILUS, WALSON N

Typed or printed name of signee

Filing Fee: \$25.00