

L23000131355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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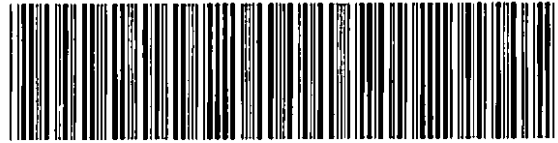
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aqua Ninja Pool Care 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:

Sherri Crane

Name of Person

Aqua Ninja Pool Care LLC

Firm/Company

53 Blare Dr

Address

Palm Coast FL 32137

City/State and Zip Code

scrane00@gmail.com

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

For further information concerning this matter, please call:

Sherri Crane

386 627-5571
at ()

Name of Person

Area Code

Daytime Telephone Number

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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>
AR	DAVID A. CRANE	53 BLARE DR	<input checked="" type="checkbox"/> Add
		PALM COAST FL 32137	<input type="checkbox"/> Remove
		53 BLARE DR	<input checked="" type="checkbox"/> Change
AR	SHERRI L. CRANE	PALM COAST FL 32137	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 APRIL 27 2023

Signature of a member or authorized representative

SIERRI L CRANE

Typed or printed name of signee

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