

L23 000 214434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

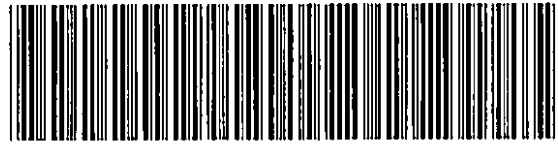
(Business Entity Name)

(Document Number)

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05/12/23--01016--007 **25.00

2023 MAY 12 AM 10:44
FILED

cf 7/8/2023

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LESCAS COMPANY 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:

CAROL GONZALEZ
Name of Person

LESCAS COMPANY LLC
Firm/Company

1603 WOODCHUCK CT
Address

WINTER SPRING FL 32708
City/State and Zip Code

lescascountry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Gonzalez 321 4650250
Name of Person at () 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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAY 12 AM 10:44

140 141

V/A

1170 Tree Swallow Dr ste 361 Winter Spings Fl. 32708

1170 Tree Swallow Dr ste 361 Winter Spings FL 32708

N/A

Enter Florida street address

Enter Florida street address

_____, **Florida** _____
City Zip Code

City

Zip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated 05/09 2023



Signature of a member or authorized representative of a member

CAROL GONZALEZ

Typed or printed name of signer

Filing Fee: \$25.00