

L23 000 259616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

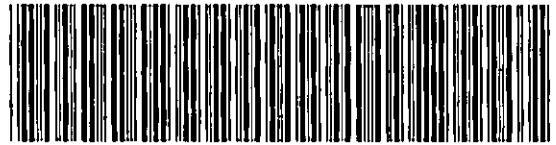
(Business Entity Name)

(Document Number)

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RECEIVED  
2023 JUN 27 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160: \$25.00

Authorization Signature: 

Off Duty Fishing Series LLC L23000259616

Business DOC#

       Certified Copy

       Certificate of Status

### **NEW FILINGS**

       Profit Corp  
       Not for Profit  
       Officer/Director  
       Limited Liability  
       Domestication  
       **CORP**  
       **LLLP**

### **AMENDMENTS**

  X   Amendment  
       Resignation of R.A. or member  
       Dissolution  
       Change of Registered Agent  
  
       **Conversion**  
       **Amended and restated Articles**  
       **Statement of Correction**

### **OTHER FILINGS**

       **Trademark**  
       Annual Report  
  
       Fictitious Name  
       **APOSTILL**

### **REGISTRATION/QUALIFICATIONS**

       Foreign filing  
       Limited Partnership  
       Reinstatement  
       Other

COUNTRY

**EXAMINER'S INITIALS:**

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OFF DUTY FISHING SERIES 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:

Michael A. Scott, Esq.

\_\_\_\_\_  
Name of Person

The Dorcey Law Firm, PLC

\_\_\_\_\_  
Firm/Company

10181 Six Mile Cypress Parkway, Suite C

\_\_\_\_\_  
Address

Fort Myers, FL 33966

\_\_\_\_\_  
City/State and Zip Code

theoffduty lifestyle@gmail.com

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

For further information concerning this matter, please call:

Michael A Scott

239 418-0169  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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