

123000354163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

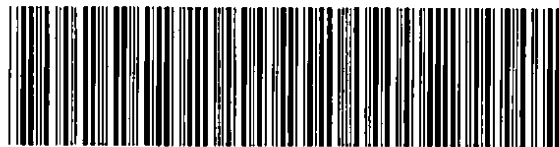
(Business Entity Name)

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STATE
TALLAHASSEE, FL

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R. HUNT
08/08/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NOVA CRUISE PLANNERS 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:

Cindy Chambers

Name of Person

NOVA Travel **LLC**

Firm/Company

71 Circle Dr

Address

Port Orange, FL 32127

City/State and Zip Code

cindy.norris@cruiseplanners.com

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

2003 JUN 18 PM 1:26
TALLAHASSEE, FL
STATE

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For further information concerning this matter, please call:

Trevor Chambers

803

543-2196

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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CLARK COUNTY STATE
LABORATORY, FL

2023-08 PM 1:26
FLORIDA STATE
UNIVERSITY, FL

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 August 3, 2023

Typed or printed name of signee

Filing Fee: \$25.00