



(Address)

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(City/State/Zip/Phone #)

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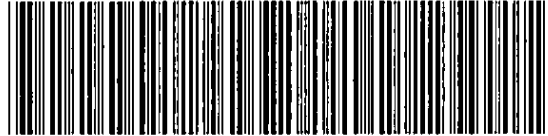
(Business Entity Name)

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OFFICE OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARKLYNN SQUARE 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:

SHAUN CARROLL

Name of Person

PARKLYNN SQUARE LLC

Firm/Company

1 BEACH DR SE STE 305

Address

ST PETERSBURG, FL 33701

City/State and Zip Code

sc.parklynn@gmail.com

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

For further information concerning this matter, please call:

Shaun Carroll

727 . 234-5843
at ()
Area Code Daytime Telephone Number

Name of Person

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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