

L23000532689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

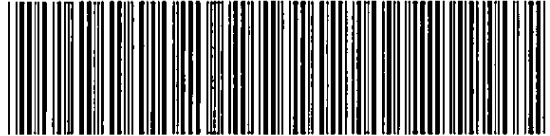
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2024 FEB 20 PM 12:07

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GENMISC.SERVICES.LLC.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenton C. Aiken

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

GenMise Services LLC.

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

2139 N University Drive, Unit # 5002

\_\_\_\_\_  
Address

Coral Springs, Florida 33071

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

genmiseserv@gmail.com

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

For further information concerning this matter, please call:

Kenton C Aiken

954

470-2953

\_\_\_\_\_  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

<b>Filing Fee:</b>	<b>\$25.00</b>
<b>Certified Copy:</b>	<b>\$30.00 (optional)</b>