

L24000055220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

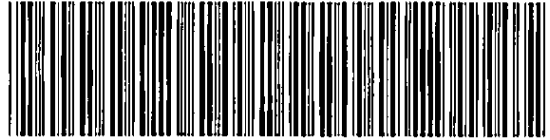
(Business Entity Name)

(Document Number)

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06/04/24--01020--015 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 113ANASTASIA 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:

Marcus Thompson, Esq.

Name of Person

Trinity Law & Title

Firm/Company

62 Hypolita Street, Suite 2

Address

St. Augustine, FL 32084

City/State and Zip Code

marcus@trinitylawfl.com

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

For further information concerning this matter, please call:

Marcus Thompson, Esq.

904 478-8188
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

113ANASTASIA LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	James L Robinson	1039 Bruen St	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gregory A Gibson	307 Alcazar St	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian F Hans	83 Comares Dr #1C	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

Filing Fee: \$25.00