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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

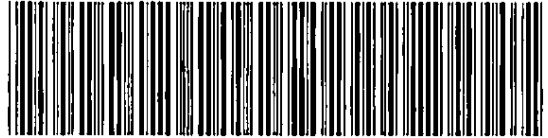
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANDERSON & ANDERSON CARE AND CREATIVE, 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:

ADAM ANDERSON

Name of Person

ANDERSON & ANDERSON CARE AND CREATIVE, LLC

Firm/Company

4526 BIRCHWOOD AVE

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

REVAWRA@GMAIL.COM

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

For further information concerning this matter, please call:

ADAM ANDERSON

Name of Person

at ( 330 ) 7202292

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



Title	Name	Address	Type of Action
AMBR	ADAM ANDERSON	4526 BIRCHWOOD AVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Remove
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2024

ADAM W ANDERSON

Typed or printed name of signee