

L24000364701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

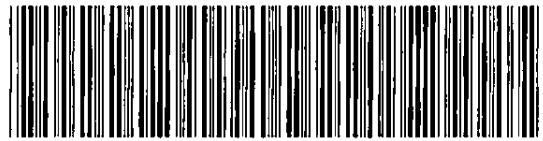
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/24--01024--002 **25.00

2024 SEP -3 AM 6:53
SECRETARY OF STATE
TALLAHASSEE, FL

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AP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURLY TAIL CARE COMPANY, 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:

ERIC M LYMAN

Name of Person

Firm/Company

70 LOS LAGOS BLVD

Address

PALM COAST, FL 32137

City/State and Zip Code

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

For further information concerning this matter, please call:

ERIC M LYMAN

405 206-3817

Name of Person

at ()

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

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>
MGR	ERIC MICHAEL LYMAN	70 LOS LAGOS BLVD	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIC MICHAEL LYMAN	70 LOS LAGOS BLVD	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<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)

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.

8/28 2024
 [Signature]
 Signature of a member or authorized representative of a member
 ERIC MICHAEL LYMAN
 Typed or printed name of signee

Filing Fee: \$25.00