

U24000479505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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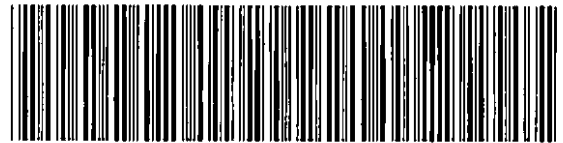
(Business Entity Name)

(Document Number)

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11/08/24--01010--010 \*\*155.00

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Annie's Trimming and Training LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna E. Cook

Name of Person

Annie's Trimming and Training

Firm/Company

229 SE 57<sup>th</sup> ST

Address

keystone Heights FL, 32656

City/State and Zip Code

anna.cook@erica.net@gmail.com

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

For further information concerning this matter, please call:

Anna Cook at ( 239 ) 694-0652  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Anna Cook  
229 SE 57th Keystone Heights FL  
32656

AMBR

Don Cook  
PO BOX 299 Keystone Heights  
FL 32656

AMBR

Elizabeth Cook  
PO BOX 299 Keystone Heights  
FL 32656

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1st, 2025 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daniel J. Cook

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Annie's Trimming and Training

Firm/Company

229 SE 57th ST

Address

Vegetaria Heights FL 32656

City/State and Zip Code

anna.cook@anniestrimming.com

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

For further information concerning this matter, please call:

Anna Cook at ( 229 ) 294-0687  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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229 SE 57th Regisford Heights FL  
32656

AMBR

Dan Cook  
PO Box 17 Regisford Heights FL  
32656

AMBR

Elizabeth Cook  
PO Box 17 Regisford Heights FL  
32656

(Use attachment if necessary)

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