

LA5000221448

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

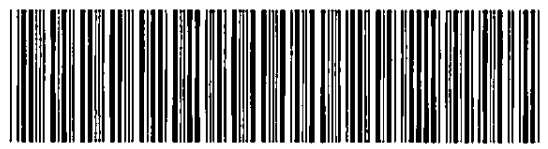
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5-20-25

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & N LEGACY GROUP 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:

Totaram Jaipersaud

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

A & N LEGACY GROUP LLC

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

3100 S DIXIE HWY APT H94

\_\_\_\_\_  
Address

BOCA RATON, FL 33432

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

*anlegacystorage@gmail.com*  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

*Totaram Jaipersaud*

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

at ( *561* )

Area Code

*827-5323*

\_\_\_\_\_  
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





