

# M17 00000 6282

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 200328444232

04/29/19--01008--003 \*\*25.00

R. WHITE

MAY 29 2019

2019 MAY 28 AM 9:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2019

ALEX LANASA  
PO BOX 116  
GLENWOOD, MD 21730

SUBJECT: LM TALLAHASSEE LLC  
Ref. Number: M17000006282

We have received your document for LM TALLAHASSEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist III

Letter Number: 719A00009365

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LM TALLAHASSEE LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY DIGANGI  
Name of Person

LM TALLAHASSEE, LLC  
Firm/Company

2465 RTE 97 SUITE 4  
Address

GLENNWOOD, MD 21738  
City/State and Zip Code

SUPPORT@LOTTA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRAN MURPHY at ( 410 ) 489-0004  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy



7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

Title/ Capacity

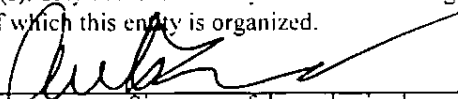
Name

Address

Type of Action

<u>AMBR</u>	<u>MICHAEL SALANORA</u>	<u>2465 RTE. 97, STE. 4</u>	<input checked="" type="checkbox"/> Add
		<u>GLENWOOD, MD 21738</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

ANTHONY DIGANGI  
Typed or printed name of signee

Filing Fee: \$25.00