

203 0000 10149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

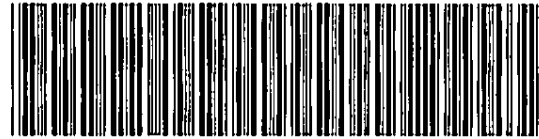
(Document Number)

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2022 NOV 28 PM 4:21  
FALL RIVER, SECT. 10000

NOV 28 2022  
S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paxson, LLC  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DEVON PAXSON  
Contact Person

PAXSON, LLC  
Firm/Company

2240 Bay Village Ct  
Address

Palm Beach Gardens, FL 33410  
City, State and Zip Code

rcapax@mac.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVON PAXSON at ( 561 ) 310-8185  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2022

PAXSON, LLC  
2240 BAY VILLAGE CT  
PALM BEACH GARDENS, FL 33410

SUBJECT: PAXSON LLC  
Ref. Number: L03000010149

We have received your document for PAXSON LLC and your check(s) totaling \$52.50. 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 PARTNERSHIP, but your entity is a FLORIDA LLC. 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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 422A00022657

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paxson, 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:

DEVON PAXSON  
Name of Person

Paxson, LLC  
Firm/Company

2240 BAY VILLAGE CT  
Address

PALE BEACH GARDENS, FL 33410  
City/State and Zip Code

rlapax@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roslynn Paxson at (561) 310-8185  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Paxson, LLC

2022 NOV 28 PM 4: 21  
and assigned  
KALAMAZOO, FLORIDA

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[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.

Signature of a member or authorized representative of a member

DEVON TAYLOR

Typed or printed name of signer

2022 NOV 28 PM 4:21  
FALL-LOSER, FLORIDA