

L13000154978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

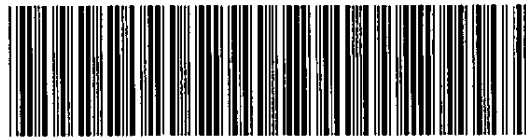
(Business Entity Name)

(Document Number)

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DATE: 3/19/14

NAME: BEACH BOX CAFÉ, LLC

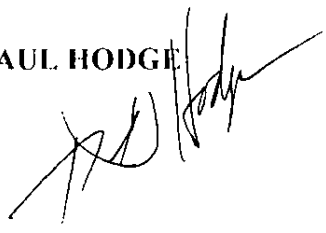
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beach Box Cafe, 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:

John Marques

Name of Person

Beach Box Cafe, LLC

Firm/Company

9020 Gulf Shore Drive

Address

Naples, FL 34108

City/State and Zip Code

john.marques@beachboxcafe.com

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

For further information concerning this matter, please call:

John Marques

Name of Person

630 4523743

at (Area Code)

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Beach Box Cafe, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MRG	Todd Allen	8950 Fontana Del Sol Way	<input type="checkbox"/> Add
		Naples, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **March, 19**, **2013**

John Marques

John Marques
2014.03.19 10:38:11 -04'00'

Signature of a member or authorized representative of a member

John Marques

Typed or printed name of signee

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Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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