

L14000196005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

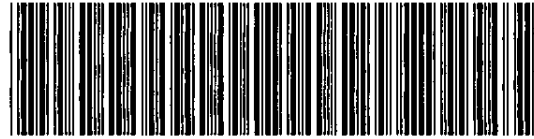
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800295948608

02/27/17--01029--024 **85.00

FILED
17 MAR 13 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2017

MATTHEW J THORN
20 TAM O SHANTER LANE
BOCA RATON, FL 33431

SUBJECT: MJT T CONSULTING LLC
Ref. Number: L14000196005

Rejection letter

We have received your document for MJT T CONSULTING LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered Agent on document doesn't match name on sunbiz.org.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00003810

RECEIVED
2017 MAR 13 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAR 13 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MJT T Consulting 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:

Cice Gonzalez
Name of Person

MJT T Consulting LLC
Firm/Company

20 Tam O Shanter Ln
Address

Boca Raton Fl. 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

Cice Gonzalez at (786) 423 5459
Name of Person 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

FILED
17 MAR 13 PM 4:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
owner	C.R. Gonzalez Thorn	3317 NW 10th Terrace	☐ Add
		Suite 406, Ft Lauderdale fl 33309	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
MAR 13 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The effective date of removal 2/14/17.

FILED
MAR 13 PM 4:37
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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

(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)

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.

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.

Dated 3-1, 2017.



Signature of a member or authorized representative of a member

C.R. Gonzalez Thorn

Typed or printed name of signee