

218000033175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

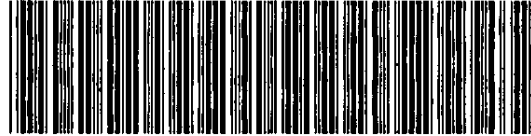
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/18--01016--022 **25.00

18 APR 30 PM 12 49
ALL AMESSE, FLORIDA

J. LEGGETT
MAY 01 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2018

RUSSEL DION
701 BAYSHORE DRIVE
FT LAUDERDALE, FL 33304 US

SUBJECT: MT CAFE, LLC
Ref. Number: L18000033175

We have received your document for MT CAFE, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 318A00007079

RECEIVED
2018 APR 30 PM 2:30
DIVISION OF STATE
OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MT 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:

RUSSEL DION

Name of Person

Firm/Company

701 BAYSHORE DRIVE

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

Dion@ManhattanTowerFL.com

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

For further information concerning this matter, please call:

Russel Dion

754 224-7301
at ()

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

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>
AMBR	Russel Dion	701 Bayshore Drive	☐ Add
		Fort Lauderdale, FL 33304	☒ Remove
			☐ Change
AMBR	Joseph E. Caffey	701 Bayshore Drive	☐ Add
		Fort Lauderdale, FL 33304	☒ Remove
			☐ Change
AMBR	Russel Dion, Tee UAD 03/15/18	701 Bayshore Drive	☒ Add
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
AMBR	Joseph Caffey, Tee UAD 03/15/18	701 Bayshore Drive	☒ Add
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

18 APR 3 1949
U.S. AIR FORCE
WILLOW GROVE, FLORIDA

10 APR 30 1969
FBI WASH DC

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.

Dated March 23, 2018.

Russel Dion
Signature of a member or authorized representative of a member

Typed or printed name of signee