

L0000 000 2364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

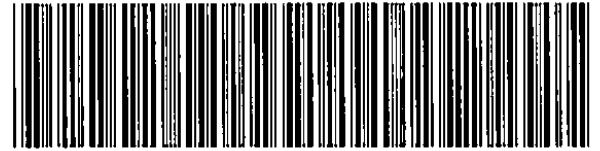
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRISE BEACH SERVICE, 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:

DAWN TURNER

Name of Person

VISIONARY DESTIN, INC.

Firm/Company

15000 EMERALD COAST PARKWAY

Address

DESTIN, FL 32541

City/State and Zip Code

ACCOUNTING@VISIONARYDESTIN.COM

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

For further information concerning this matter, please call:

DAWN TURNER

\$50

337-5174

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 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

April 28, 2020

DAWN TURNER
15000 EMERALD COAST PKWY
DESTIN, FL 32541

SUBJECT: SUNRISE BEACH SERVICE, LC
Ref. Number: L00000002364

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 II Supervisor

Letter Number: 920A00008795

2020 APR 29 10 13:55

202. 15 11 6:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	DAMON BECNEL	15000 EMERALD COAST PARKWAY	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PRENTISS FREEMAN IV	15000 EMERALD COAST PARKWAY	<input checked="" type="checkbox"/> Add
		DESTIN, FL 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[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) **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 APRIL 13, 2020


Signature of a member or authorized

Typed or printed name of signee

Filing Fee: \$25.00