

L05000000664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

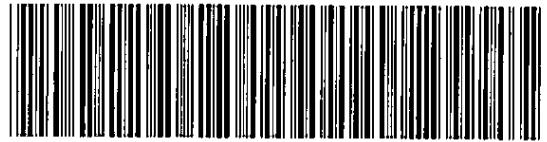
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 25 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUNCAN USA 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:

EDGAR ARMANDO ARCILA

Name of Person

X-ACTO TAX SERVICES LLC

Firm/Company

810 SW GLENVIEW COURT

Address

PORT ST. LUCIE, FLORIDA 34953

City/State and Zip Code

xactotax@gmail.com

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

For further information concerning this matter, please call:

EDGAR ARMANDO ARCILA

772

834-1190

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

and assigned

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

Page 1 of 3

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	ARTURO E DUNCAN	137 SW SULTAN DR	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Remove
		OWNERSHIP 74%	<input checked="" type="checkbox"/> Change
MGR	GABRIEL DUNCAN	5352 BRIN WAY	<input type="checkbox"/> Add
		IMMOKALEE, FL 34142	<input type="checkbox"/> Remove
		OWNERSHIP 26%	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

Dated MAY 23TH 2019

Signature of a member

GABRIEL DUNCAN

Filing Fee: \$25.00