

L07000013271

(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:

W17-40963

Office Use Only



000299035980

05/11/17--01023--014 **253.75

FILED

2021 MAY 31 P 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2017

KERY ALCE
5460 N STATE ROAD 7, SUITE 110
NORTH LAUDERDALE, FL 33319

SUBJECT: GREEN LIGHT FINANCIAL, LLC
Ref. Number: L07000013271

We have received your document for GREEN LIGHT FINANCIAL, LLC and your check(s) totaling \$263.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2015 through 2017; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

There is a balance due of \$277.50.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 617A00009556

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Light Financial, 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:

Kery Alce

Name of Person

Green Light Financial, LLC

Firm/Company

5460 N State Road 7, Suite 110

Address

North Lauderdale, FL 33319

City/State and Zip Code

ke23al@gmail.com

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

For further information concerning this matter, please call:

Kery Alce

Name of Person

at (954) 816-2878

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Green Light Financial, LLC

Green Light Financial SVS, LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA


(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)

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 May 5, 2017, _____.

May 5, 2017



Signature of a member or authorized representative of a member

KERY ALCE
Typed or printed name of signer