

LD7000095812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

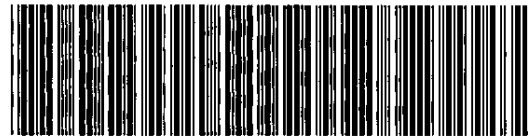
Special Instructions to Filing Officer:

**L. SELLERS**

OCT -1 2010

**EXAMINER**

Office Use Only



300185427273

300185427273  
09/20/10--01052--008 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 30 PM 3:06

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2010

JOSEPH HAYWORTH III  
5000 SAWGRASS VILLAGE CIRCLE, STE. 6  
PONTE VEDRA BEACH, FL 32082

SUBJECT: BEAUVOIR FINANCIAL SOLUTIONS, L.L.C.  
Ref. Number: L07000095812

We have received your document for BEAUVOIR FINANCIAL SOLUTIONS, L.L.C. 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 specific purpose of the entity must be set forth in the document.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 910A00022581

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEAUVOIR FINANCIAL SOLUTIONS, L.L.C.**  
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:

**JOSEPH HAYWORTH, III**

Name of Person

**BEAUVOIR FINANCIAL SOLUTIONS, L.L.C.**

Firm/Company

**5000 SAWGRASS VILLAGE CIRCLE, SUITE 6**

Address

**PONTE VEDRA BEACH, FLORIDA 32082**

City/State and Zip Code

**JOE@JAHAYWORTH.COM**

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

For further information concerning this matter, please call:

**JOESEPH HAYWORTH**

Name of Person

at ( 904 )

**543-7613**

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

**BEAUVOIR FINANCIAL SOLUTIONS, L.L.C.**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing 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"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

Specific Purpose: Life, health, and disability insurance brokerage

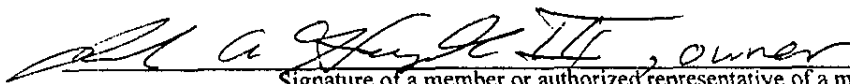
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 24, 2010.

 owner

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee