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R. WHITE
FEB 05 2020

2020 JAN -8 PM 12:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GALT INSURANCE GROUP OF BONITA SPRINGS, 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:

MONICA E. ARBELAEZ

Name of Person

BONITA INSURANCE AGENCY

Firm/Company

10911 BONITA BEACH RD. SUITE 1041

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

monica@bonitaagency.com

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

For further information concerning this matter, please call:

MONICA E. ARBELAEZ

Name of Person

at (239)

Area Code

495-8209

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

2020 JUN -8 PM 12:25

(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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

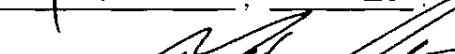
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

JANUARY 12, 2020



Signature of a member or authorized representative of a member

MONICA E. ANGELAEZ

Typed or printed name of signee

Filing Fee: \$25.00