

209000029638

(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:

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18 SEP 10 AM 2:00
SEAL OF STATE
TALLAHASSEE, FLORIDA

✓ SALY
SEP 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2018

SOHO CAPITAL LLC.
701 S HOWARD AVE.
SUITE 106-322
TAMPA, FL 33606

SUBJECT: SOHO CAPITAL LLC.
Ref. Number: L14000087569

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00015446

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REC

2018 SEP 10 AM 11:01

REC

SEP 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BCI MULLIRENNAN, 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:

CARRIE CHRISTINO

Name of Person

SOHO CAPITAL LLC

Firm/Company

701 S HOWARD AVE STE 106-322

Address

TAMPA, FL 33606

City/State and Zip Code

CARRIE@SOHO-CAPITAL.COM

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

For further information concerning this matter, please call:

CHARLES BRUCK

813 335-9210
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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>
MGR	CHARLES BRUCK	701 S HOWARD AVE	<input type="checkbox"/> Add
		STE 106-322	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

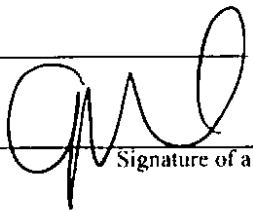
E. Effective date, if other than the date of filing: 5/3/18 (optional)

(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)

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.

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 3 2018



Signature of a member or authorized representative of a member

CHARLES BRUCK

Typed or printed name of signee