

209 0000 40793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

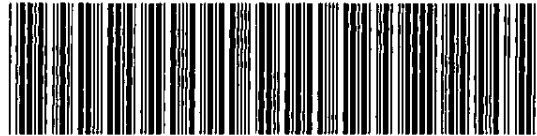
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 APR 27 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
APR 28 2009
EXAMINER

April 21, 2009

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam

Enclosed please find my application, and payment for a Limited Liability
Company:

Columbus Circle Partners 2009 LLC

Thank you for your attention to this matter.

Al Roehl
265 South Federal Highway
Unit #205
Deerfield Beach, FL 33441

(Cell) 708.829.3421

Email: alroehl@gmail.com

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Columbus Circle Partners 2009 LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Al Roehl

(Name of Person)

(Firm/Company)

265 South Federal Highway Unit 205

(Address)

Deerfield Beach Florida 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

Al Roehl

(Name of Person)

at (708) 829.3421

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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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