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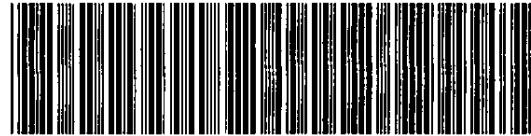
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FILED
10 OCT 19 PM 3:00
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 20 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Last Chance Banquet Hall 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:

Simmie Daniels
Name of Person

The Last Chance Banquet Hall LLC
Firm/Company

219 NW 10th Avenue
Address

Gainesville, FL 32601
City/State and Zip Code

boda3381@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simmie Daniels at (352) 240-6464
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

The Last Chance Banquet Hall LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	Joyce Daniels	Joyce Daniels 374 SE 18th Avenue Gainesville, FL 32641	<input checked="" 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"/> Add <input type="checkbox"/> Remove

FILED
10 OCT 19 PM 3:00
TALLAHASSEE, FL

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

Dated 10/18/10

Jimmie Daniels
Signature of a member or authorized representative of a member
Jimmie Daniels
Typed or printed name of signee