

LO9000110149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

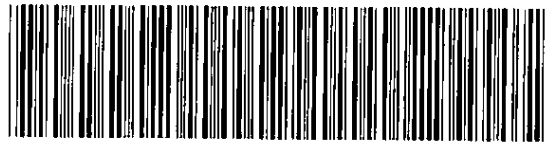
(Business Entity Name)

(Document Number)

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FILED
SEP 5 2024
FBI - SEATTLE

IS. HUNT
09/05/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BDL WINNERS CIRCLE, 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:

WILLIAM D ALCOCK

Name of Person

BDL WINNERS CIRCLE, LLC

Firm/Company

4215 S FLORIDA AVENUE

Address

LAKELAND FL

City/State and Zip Code

33813

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

For further information concerning this matter, please call:

WILLIAM D. ALCOCK

863

255-0325

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>
MBR	ANTHONY TABONE	141 FERNERY ROAD #E4	<input type="checkbox"/> Add
		LAKELAND, FL 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JAMES H. CORKRAN	41 FERNERY ROAD #E4	<input type="checkbox"/> Add
		LAKELAND, FL 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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.

Dated AUGUST 28 2024

William R. Alcock

Signature of a member or authorized representative of a member

WILLIAM D ALCOCK

Typed or printed name of signee

Filing Fee: \$25.00