

L09000113903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

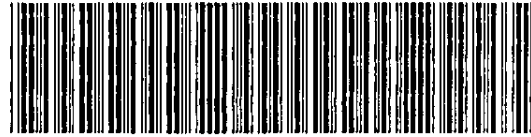
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE OF FLORIDA
TALLAHASSEE

2011 JUN 24 PM 4:21

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C. LEWIS

MAY 11 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2011

DOREEN COTT / DOREEN COTT LLC
1414 ADAMS ST.
HOLLYWOOD, FL 33020

SUBJECT: DOREEN COTT, LLC
Ref. Number: L09000113903

We have received your document for DOREEN COTT, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00011749

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doreen Cott 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:

Doreen Cott

Name of Person

Doreen Cott LLC

Firm/Company

1414 Adams St.

Address

Hollywood, FL 33020

City/State and Zip Code

dcott@qi-west.com

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

For further information concerning this matter, please call:

Doreen Cott

Name of Person

at (954)

654-1581

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

(A Florida Limited Liability Company)

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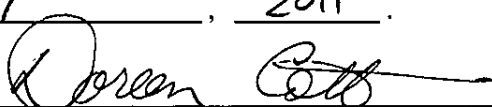
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Douglas Barnard	1414 Adams St. Hollywood, FL 33020	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 7, 2011



Signature of a member or authorized representative of a member

Doreen Cott

Typed or printed name of signee

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TALLAHASSEE FLORIDA