

L10000125789

(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:

Office Use Only



700188421077

12/20/10--01021--022 **30.00

FILED
10 DEC 20 PM 3:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 21 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dreams Made Possible by BV, 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. Vasquez

Name of Person

Firm/Company

4505 Southwest 52nd Circle Apt. 102

Address

Ocala, FL 34474

City/State and Zip Code

bill.vasquez@thevillages.com

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

For further information concerning this matter, please call:

William D. Vasquez

Name of Person

at (352)

537-2020

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

FILED
10 DEC 20 PM 3:09
TALLAHASSEE, FLORIDA

Dreams Made Possible by BV, LLC

(A Florida Limited Liability Company)

William Daniel Vasquez, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

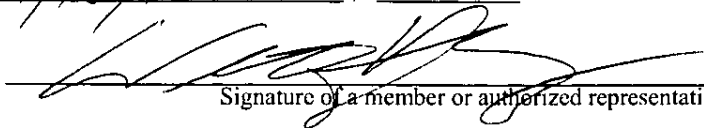
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated

12/18/10



Signature of a member or authorized representative of a member

William Daniel Vasquez

Typed or printed name of signee

FILED
10 DEC 20 PM 3:09
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA