

L11000005213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

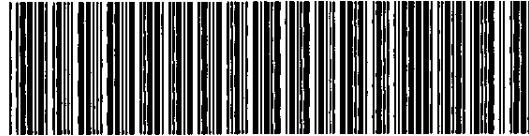
(Business Entity Name)

(Document Number)

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12 JAN 31 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB - 1 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barbancourt Restaurant 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:

Gesny Hive/ Luc Charles

Name of Person

Barbancourt Restaurant LLC

Firm/Company

5143 Americana blvd

Address

Orlando FL 32839

City/State and Zip Code

gesnyh@hotmail.com

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

For further information concerning this matter, please call:

GESNY HIVE

Name of Person

at (321)

2178999

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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(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>
MGRM	Gesny Hive	9821 8th ave Orlando FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Luc Charles	2024 CABO SAN LUCAS DR # 202 ORLANDO FL 32839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MEZIER VELLAS	5143 AMERICANA BLVD	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mgr</u>	JEAN MARIE MEDOUARD		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgy</u>	ELISMA DUTAIR	1117 S APOPKA Blvd APOPKA FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	JOSEPH LEON	5143 AMERICANA BLVD ORLANDO FL 32839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated JANUARY 25, 2012

Gesny Hive
Signature of a member or authorized representative of a member

GESNY HIVE
Typed or printed name of signee