

L11000051195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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11 JUL 11 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 28 2011

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: BWT PARTNERS, 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:

STUART GREEN

Name of Person

BWT PARTNERS, LLC

Firm/Company

1228 WEST AVE APT 515

Address

MIAMI BEACH FL 33139

City/State and Zip Code

sgreen@bwt-partners.com

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

For further information concerning this matter, please call:

STUART GREEN

Name of Person

at (786)

797-7002

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)

Note: I previously filed the wrong form (see

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

*attached
letter)
with a check
for \$125. Please
refund Stuart Green
for \$100 = Thank you*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2011

STUART T. GREEN
1128 WEST AVENUE #515
MIAMI BEACH, FL 33139

SUBJECT: BWT PARTNERS, LLC
Ref. Number: W11000034608

We have received your document for BWT PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name has already been filed.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 911A00015532

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Records

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

MGR = Manager
MGRM = Managing Member

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STUART T GREEN
Typed or printed name of signee