

L110000066410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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17 JAN 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2016

LUCY GREINER
10 MINNETONKA RD
SEA RANCH LAKES, FL 33308

SUBJECT: 1812 SW. 11 CT., LLC
Ref. Number: L11000066410

RECEIVED
2017 JAN 23 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 1812 SW. 11 CT., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 816A00026315

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1812 SW 11th Ct., 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:

Lucy Greiner

Name of Person

BG High Vista, LLC

Firm/Company

10 Minnetonka Rd

Address

Sea Ranch Lakes, FL 33308

City/State and Zip Code

lucy@lucygreiner.com

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

For further information concerning this matter, please call:

Lucy Greiner

at 954 931-3500

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JUN 23 AM 8
SECRET
TALIASSCO, FLORIDA
FILED

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

1 | 19 | 17

Lacey Meenier
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lucy Greiner

Typed or printed name of signee

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