

L110000096367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

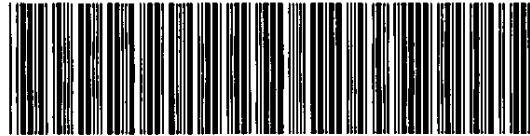
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 4 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B&B ENTERPRISES KEY WEST 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 LAROSE

Name of Person

Firm/Company

1033 SANDYS WAY

Address

KEY WEST, FL 33040

City/State and Zip Code

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

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

B&B ENTRPRISES KEY WEST LLC

Page 1 of 3

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>
MGMR	HANNIA RIVERA	2417 FOGARTY AVE	<input checked="" type="checkbox"/> Add
		KEY WEST FL 33040	<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
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			<input type="checkbox"/> Remove

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 DEPT. OF STATE
 OFFICE OF THE SECRETARY
 1000 PENNSYLVANIA AVE
 1ST FLOOR
 PHILADELPHIA PA 19104

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

Dated 09/23/2013

Signature of a member or authorized representative of a member

CASEY VINALL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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