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TALLAHASSEE FLORIDA

FEB 25 2012
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELWOOD ENTERPRISES 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:

JOHN W. HELSHA JR

Name of Person

BELWOOD ENTERPRISES LLC

Firm/Company

4607 MILE STRETCH DR

Address

HOLIDAY, FL 34690

City/State and Zip Code

belwood.pub@gmail.com

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

For further information concerning this matter, please call:

JOHN W. BELSHA JR

Name of Person

at (**727**) **940-2622**

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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BELWOOD ENTERPRISES 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>
MGRM	STEPHEN G. HEYWOOD JR	230 CALLAWAY AVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROBIN D. HEYWOOD	230 CALLAWAY AVE SPRING HILL, FL 34606	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2018
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FLORIDA

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

Dated 2/19 2013

Signature of a member or authorized representative of a member


JOHN W. BELSHA JR

Typed or printed name of signee

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Filing Fee: \$25.00

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