

L12000083583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

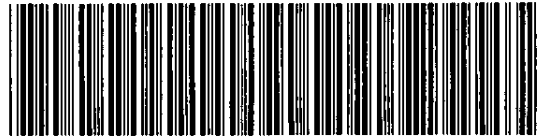
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
10 ACKNOWLEDGE
SUFFICIENCY OF FILING
2013 APR 15 PM 2:43

FILED
13 APR 15 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 15 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bohlen 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:

William Bohlen
Name of Person

589 East International Speedway Blvd.
Firm/Company

Address

DeLand, FL 32724
City/State and Zip Code

Darrick Bohlen@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Bohlen at (386) 956-5478
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

Bohlen Enterprises LLC
(Name of the Limited Liability Company)

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:

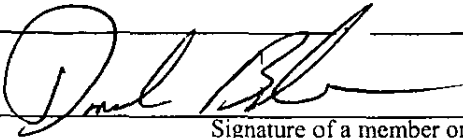
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	Darrick W. Bohlen	589 E. International Speedway Blvd.	<input type="checkbox"/> Add
		Deland, FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Darrick Bohn

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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