

L12000113324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2015

M. BUSHMITZ
34200 B DOCTORS HAMMOCK ROAD
IMMOKALEE, FL 34142

SUBJECT: IMMOKALEE AGRIFARMS, L.L.C.
Ref. Number: L12000113324

We have received your document for IMMOKALEE AGRIFARMS, L.L.C. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L15000129884 BC USA, LLC.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00018887

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMMOKALEE AGRIFARMS, L.L.C.

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:

M. BUSHMITZ

Name of Person

IMMOKALEE AGRIFARMS

Firm/Company

34200 B DOCTORS HAMMOCK ROAD

Address

IMMOKALEE, FL 34142

City/State and Zip Code

IMMOKALEEAGRIFARMSLLC@YAHOO.COM

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

For further information concerning this matter, please call:

M. BUSHMITZ

305 209-1902

at ()

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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NEWLY REGISTERED AGENCY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	COUNTRY PRODUCTS PTY LIM	3030 N. ROCKY POINT DR	<input type="checkbox"/> Add
		SUITE 150 A	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
MGRM	BIOCULTURE MAURITIUS LTD	34200 B DOCTORS HAMMOCK ROAD	<input checked="" type="checkbox"/> Add
		IMMOKALEE, FL 34142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK MOSHE BUSHMITZ	34200 B DOCTORS HAMMOCK ROAD	<input checked="" type="checkbox"/> Add
		IMMOKALEE, FL 34142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALABAMA
FLORIDA

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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.

Dated AUGUST 24, 2015

by 

BIOCULTURE MAURITIUS LLC

Signature of a member or authorized representative of a member

BIOCULTURE MAURITIUS LTD

Typed or printed name of signee

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Filing Fee: \$25.00

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