

L130000046195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 JUN 11 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2013  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Beaches Coffee & More 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:

**Debbie A Fox**

Name of Person

**The Beach Essentials LLC**

Firm/Company

**1262 Beach Blvd.**

Address

**Jacksonville Beach, FL 32250**

City/State and Zip Code

**foxdebbie91@yahoo.com**

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

For further information concerning this matter, please call:

**Debbie A Fox**

Name of Person

**904 442-3473**

at ( )

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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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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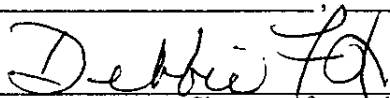
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Debbie A. Fox

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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