

L14000125531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267057800

12/15/14--01009--002 **52.50

FILED

14 DEC 15 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2015

ANGELA S JOACHIM
10427 E PATIENCE LANE
INVERNESS, FL 34450

SUBJECT: AL_FANTASEA, LLC
Ref. Number: L14000125531

RECEIVED
15 JAN 21 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for AL_FANTASEA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 615A00000190

FILED
14 DEC 15 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AL-Fantasea, 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:

Angela S. Joachim
Name of Person

AL-Fantasea, LLC
Firm/Company

10427 E. Patience Lane
Address

Inverness, FL 34450
City/State and Zip Code

Bootleggers-bar-and-grill @ outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela S. Joachim at (352) 476-5150
Name of Person Area Code Daytime Telephone Number

FILED
DEC 15 PM 3:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

AL-FANTASEA, LLC

Page 1 of 3

FILED
DEC 15 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
PCFO	Lee F. Danielson	10427 E Patience Ln	<input type="checkbox"/> Add
		Inverness FL 34450	<input type="checkbox"/> Remove
VCFO	Angela S. Joachim	10427 E Patience Ln	<input type="checkbox"/> Add
		Inverness FL 34450	<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

FILED
DECEMBER 15 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1-15-2015

Angela S. Joachim
Signature of a member or authorized representative of a member
ANGELA S. JOACHIM
Typed or printed name of signee

FILED
14 DEC 15 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA