

L14000146193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

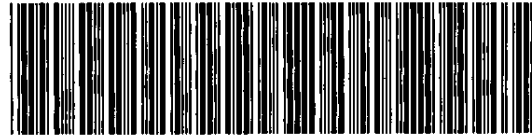
(Business Entity Name)

(Document Number)

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FILED  
17 MAY -5 PM 22  
TALLAHASSEE, FLORIDA

V.S  
May 08/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 MAY -5 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 6, 2017

JAMIE C ATHERTON  
124 N BREVARD AVE  
ARCADIA, FL 34266

SUBJECT: MANRIQUEZ HARVESTING, LLC  
Ref. Number: L14000146193

We have received your document for MANRIQUEZ HARVESTING, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. *To reinstate this entity complete the enclosed application/report form.*

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 817A00006681

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Manriquez Harvesting, 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:

Jamie C. Atherton

\_\_\_\_\_  
Name of Person

Eugene E. Waldron, Jr. P.A.

\_\_\_\_\_  
Firm/Company

124 N. Brevard Ave.

\_\_\_\_\_  
Address

Arcadia, FL 34266

\_\_\_\_\_  
City/State and Zip Code

EWaldron@eewj.com

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

For further information concerning this matter, please call:

Jamie C. Atherton

863 494-4323

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

## Page 1 of 3



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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 3, 2017.

Epidio Manright  
Signature of a member of the group

Signature of a member or authorized representative of a member

Elpidio Manriquez

Typed or printed name of signee