

L14000176252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

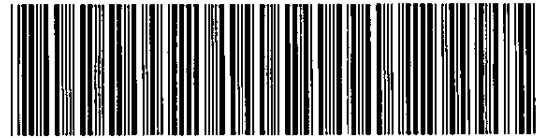
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 JUL - 8 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015
J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

MARIA PEREZ
12251 SW 117 TER
MIAMI, FL 33186

SUBJECT: ELITE CATERING & FOOD SERVICES LLC
Ref. Number: L14000176252

We have received your document for ELITE CATERING & FOOD SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00012062

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Catering & Food Services 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:

Maria L. Perez
Name of Person

Firm/Company

12251 SW 117 Ter
Address

Miami FL 33186
City/State and Zip Code

marialissette@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria L. Perez at (305) 778-7988
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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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