

L1500032455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

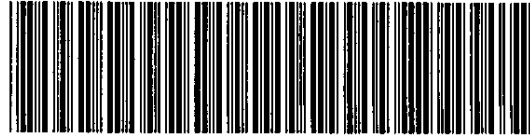
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 30 PM 5:26
CLERK OF DISTRICT COURT
JANUARY 2015

APR 20 2015

S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Caribbean Joe's, 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:

Allison N. Harrod

Name of Person

Caribbean Joe's, LLC

Firm/Company

517 Harbor Blvd

Address

Destin, FL 32541

City/State and Zip Code

Allisonharrod@ymail.com

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

For further information concerning this matter, please call:

Allison N. Harrod

Name of Person

at **(502) 382-8234**

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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15 MAR 30 PM 5:20

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