

LI5000037326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

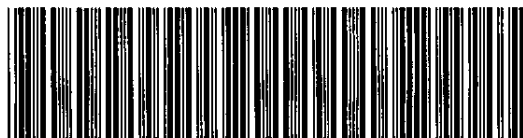
(Business Entity Name)

(Document Number)

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FILED
2015 MAY 12 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 20 2015
1:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND CUISINE, 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:

CLAUDETTE O. BATTS, ESQ

Name of Person

CLAUDETTE O. BATTS, P.A.

Firm/Company

9710 EAST INDIGO STREET # 202

Address

PALMETTO BAY, FLORIDA 33157

City/State and Zip Code

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

For further information concerning this matter, please call:

CLAUDETTE O. BATTS

305 3288446
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

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TALLAHASSEE FLORIDA

ISLAND CUISINE.LLC

Page 1 of 3

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>
MGR	MICHAEL HENDRICKS	13740 SW 152 ST. MI. FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTINE HENDRICKS	13740 SW 152 ST. MI. FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

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

5/8/15

Michael Hendricks

Signature of a member or authorized representative of a member

MICHAEL HENDRICKS

Typed or printed name of signee

FILED
2005 MAY 12 PM 1:02
CLERK OF DISTRICT COURT
FLORIDA
13th JUDICIAL CIRCUIT
IN AND FOR
DADE COUNTY
CASE NO. 05-0207 (3)
The earlier of:
1. The date the instrument is
e-filed with the clerk of the
court; or
2. The date the instrument is
physically filed with the clerk
of the court.