

W15000122559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

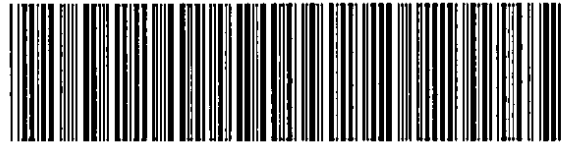
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN -2 PM 3:43
ALBRITTON

Amend

JUN 02 2021
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PINECREST BAKERY 9, 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:

Behzad Cesar Ravan, CPA
Name of Person

Ravan and Company L.L.P
Firm/Company

8360 West Flagler Street, Suite 200
Address

Miami, Florida 33144
City/State and Zip Code

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

For further information concerning this matter, please call:

Behzad Cesar Ravan, CPA at (305) 615-2655
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN -2 PM 12:38

SECRET
TAL...

May 15, 2021

BEHZAD CESAR RAVAN, CPA
RAVEN & COMPANY LLLP
8360 WEST FLAGLER STREET - STE. 200
MIAMI, FL 33144

SUBJECT: PINECREST BAKERY 9, LLC
Ref. Number: L15000122559

We have received your document for PINECREST BAKERY 9, LLC and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00010247

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>
<u>AMBR</u>	<u>Pinecrest Bakery LLC</u>	<u>12101 South Dixie Highway</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Joel Rodriguez</u>	<u>P.O. Box 562170</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33256-2170</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Behzad Cesar Ravan, CPA</u>	<u>8360 West Flagler Street, Suite 200</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33144</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input checked="" type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

