

L15000177497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

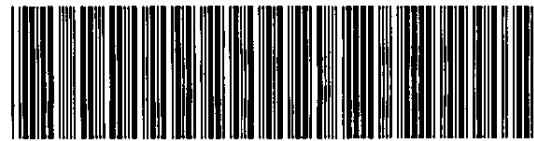
(Document Number)

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2016 NOV 16 PM 5:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 22 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2016

ZEMPLER BARRELS QP, LLC  
ANIKO KALLAI  
P.O. BOX 10107  
BROOKDSVILLE, FL 34601

SUBJECT: ZEMPLER BARRELS QP, LLC  
Ref. Number: L15000177497

RECEIVED  
2016 NOV 16 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ZEMPLER BARRELS QP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00023676

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ZEMPLN BARRELS QP, 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:

ANIKO KALLAI

Name of Person

ZEMPLN BARRELS QP, LLC

Firm/Company

15223 POMP PKWY

Address

WEEKI WACHEE, FL 34614

City/State and Zip Code

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

For further information concerning this matter, please call:

ANIKO KALLAI

Name of Person

727

at ( )

Area Code

480-0914

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee  
**The fee is paid**

☐ \$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>
MGR	SANDOR KALLAI	15223 POMP PKW	<input type="checkbox"/> Add
		WEEKI WACHEE, FL 34614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL 32304

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

N/A

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TALLAHASSEE, FLORIDA

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 November 12, 2016



Signature of a member or authorized representative of a member

Aniko Kallai

Typed or printed name of signee