

L15000 202460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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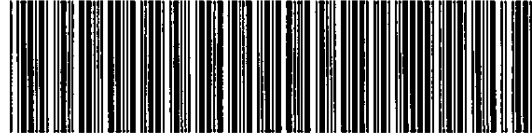
(Business Entity Name)

(Document Number)

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16 JUL 15 AM 10:47  
TALLAHASSEE, FLORIDA

JUL 18 2016

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Business Enterprises of Florida 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:

SHAMA D'SOUZA  
Name of Person  
Business Enterprises of FL, LLC  
Firm/Company  
PO Box 47683  
Address  
St Petersburg FL 33710  
City/State and Zip Code  
Shamadsouza@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shama D'Souza at (727) 687-4374  
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

BUSINESS ENTERPRISES OF FLORIDA LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
MGR	GERARD D'SOUZA	3450 83 <sup>rd</sup> St N St. Petersburg, FL 33710	<input type="checkbox"/> Add <input type="checkbox"/> Remove

AMBR SHAWN D'SOUZA 3450 83<sup>rd</sup> St N  
St. Petersburg, FL 33710

☐ Add

[Remove](#)

☐ Change

\_\_\_\_\_ ☐ **Adm**

Remove

\_\_\_\_\_ **FL** **Change**

☐ Add \_\_\_\_\_

[Remove](#)

☐ Change☐ Add☐ Remove☐ Change

☐ Add  
 JUL 5 AM 10:47  
☐ Remove  
☐ change  
☐ Add

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

16 JUL 15 AM 10:40  
DEPT OF LABOR, U.S. AID  
WALLAHASSEE, FLORIDA

16 JUL 15 AM 10:40  
U.S. AIR FORCE  
WALLAHASSEE, 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**

July 13, 2016

Signature of a member or authorized representative of a member

SHAWN D'SOUZA

Typed or printed name of signee