

L15000205275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

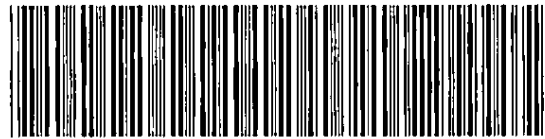
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*wrong form*

Office Use Only



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10/19/17--01017--012 \*\*46.75

11/29/17--01006--027 \*\*11.25

RECEIVED

17 NOV 27 AM 3:24

FILED

CLERK'S OFFICE

NOV 29 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2017

ROY SEEPERSAUD  
4516 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

SUBJECT: SAL FRESH FOOD SUPERMARKETS(SHAMMAH) LLC  
Ref. Number: L15000205275

We have received your document for SAL FRESH FOOD SUPERMARKETS(SHAMMAH) LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 717A00021317

2017 NOV 27 PM 12:59  
MAIL ROOM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAL Fresh Food Supermarkets (Shammah) 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:

ROY SEEPERSAUD  
Name of Person

SAL Fresh Food Supermarkets (Shammah) LLC.  
Firm/Company

4516 S Suncoast Blvd  
Address

Homosassa FL. 34446  
City/State and Zip Code

Shoreaflexrotane@gmail.com.  
E-mail address: (to be used for future annual report/notification)

For further information concerning this matter, please call:

ROY SEEPERSAUD at (407) 360-4656  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

SAL Fresh Food Supermarkets (Shamamah) LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
MR	STEPHEN A. SEEPERSA	309 Windward Loop	<input type="checkbox"/> Add
		Auburndale FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRS	FRANCINE SEEPERSA	Bishop 309 Windward Loop	<input type="checkbox"/> Add
		Auburndale FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated Nov 20 2017

Roy Leonard  
Signature of a

Signature of a member or authorized representative of a member

Roy SEEPERSAUD -  
Typed or printed name

Typed or printed name of signee