

L16 0000 57930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

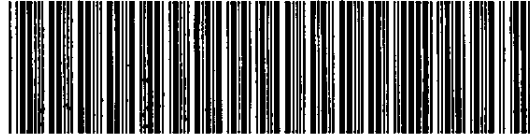
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000284986400

04/26/18--01018--020 \*\*25.00

RECEIVED  
2018 APR 18 PM 12:46  
TALLAHASSEE, FLORIDA

RECEIVED  
16 MAY 20 AM 7:07  
TALLAHASSEE, FLORIDA

MAY 23 2016

J SHIVERS

524



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2016

LUIS PECINA  
10923 COUNTRY HAVEN DR  
GIBSONTON, FL 33534

SUBJECT: BELL SCREENS LLC  
Ref. Number: L16000057930

We have received your document for BELL SCREENS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate the change you are trying to achieve on the amendment form.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 216A00009917

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELL SCREENS 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:

LUIS PECINA

Name of Person

BELL SCREENS LLC

Firm/Company

10923 COUNTRY HAVEN DR.

Address

GIBSONTON FL. 33534

City/State and Zip Code

CHRIS@ARMALUMINUMUSA.COM

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

For further information concerning this matter, please call:

LUIS PECINA

Name of Person

at ( 813 )

Area Code

401-3280

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

BELL SCREENS 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NAME WAS SPELLED WRONG NEEDS TO READ  
LUIS PECINA

16 MAY 20 AM 7:07  
DEPT. OF STATE  
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 4/4/16



Signature of a member or authorized representative of a member

LUIS PECINA

Typed or printed name of signee