

L160000062664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

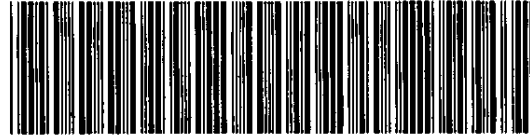
(Document Number)

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2016 APR 27 P 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 28 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

RITA PATEL
20 RIO VISTA ROAD
ARCADIA, FL 34266

SUBJECT: LAKSHYA LLC.
Ref. Number: L16000062664

We have received your document for LAKSHYA 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):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00008264

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAKSHYA 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:

RITA PATEL

Name of Person

Firm/Company

20 RIO VISTA RD

Address

ARCADIA, FL 34266

City/State and Zip Code

rmpatel1@gmail.com

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

For further information concerning this matter, please call:

RITA PATEL 863 244-1710
_____ at (_____) _____
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

LAKSHYA LLC

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2018 APR 2
P 4:11
CLERK OF STATE
FLORIDA
New Registered Agent

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	JOSHUA CASTILLIEJA	20 RIO VISTA RD, ARCADIA, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SONIA CASTILLIEJA	20 RIO VISTA RD, ARCADIA, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA