

L16000104730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

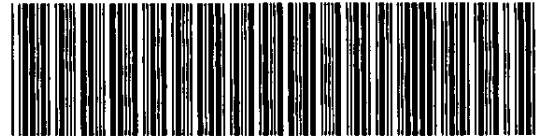
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLANTIC MERCHANTS 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:

Jaime Morales

Name of Person

ATLANTIC MERCHANTS LLC

Firm/Company

4854 SW 114TH STREET

Address

Ocala/FL 34476

City/State and Zip Code

atlmerchants@gmail.com

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

For further information concerning this matter, please call:

Jaime A. Morales

352 216 - 4000
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

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ATLANTIC MERCHANTS 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>
MGR	Jaime A. Morales	4923 SW 45TH CIR	<input type="checkbox"/> Add
		Ocala, FL 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE
STATE TARIFF OF FLORIDA
TALLAHASSEE, FLORIDA

(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.

Dated January 30th, 2017

Signature of a member or authorized representative of a member

Jaime A. Morales

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
ATLANTIC MERCHANTS LLC

Filing Information

Document Number L16000104730
FEI/EIN Number NONE
Date Filed 05/31/2016
Effective Date 05/28/2016
State FL
Status ACTIVE

Principal Address

4854 SW 114TH STREET
OCALA, FL 34476

Mailing Address

4854 SW 114TH STREET
OCALA, FL 34476

Registered Agent Name & Address

HUSSAIN, ZAVED
4854 SW 114TH STREET
OCALA, FL 34476

Authorized Person(s) Detail**Name & Address**

Title MGR

HUSSAIN, ZAVED
4854 SW 114TH STREET
OCALA, FL 34476

Title MGR

MORALES, JAIME A
4923 SW 45TH CIR
OCALA, FL 34474

Annual Reports

No Annual Reports Filed

Document Images

05/31/2016 -- Florida Limited Liability

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