

L16000147606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARVESTMOON327.COM 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:

GREG TUCKER

Name of Person

HARVESTMOON327.COM LLC

Firm/Company

501 UNION STREET

Address

FORT WALTON BEACH FLORIDA 32547

City/State and Zip Code

HARVESTMOON327C@GMAIL.COM

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

For further information concerning this matter, please call:

HARVEST TAI PERILLO

850 368-8251
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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TALLAHASSEE, FLORIDA

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	HARVEST TAI PERILLO	501 UNION STREET	☒ Add
		FORT WALTON BEACH	☐ Remove
		FLORIDA 32547	☐ Change
AMBR	HARVEST TAI PERILLO	501 UNION STREET	☒ Add
		FORT WALTON BEACH	☐ Remove
		FLORIDA 32547	☐ Change
			☐ Add
			☐ Remove
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(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)

Dated 09/16/ 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee