

L16000158017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

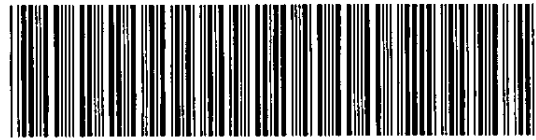
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEACOCK PRODUCE FARMS, 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:

MARCEL BASSO

Name of Person

PEACOCK PRODUCE FARMS, LLC

Firm/Company

3000 70TH ST SW

Address

NAPLES, FL 34105

City/State and Zip Code

floridapeacock@gmail.com

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

For further information concerning this matter, please call:

MARCEL BASSO

239

464-5977

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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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	KOONS, WILLIAM	1640 FLAGSTONE LN	<input type="checkbox"/> Add
		LITTLE ELM, TX 75068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEACOCK PRODUCE, LLC	3000 70TH ST SW	<input type="checkbox"/> Add
		NAPLES, FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCEL BASSO	3000 70TH ST SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 OCTOBER 13, 2016

Typed or printed name of signee

Filing Fee: \$25.00

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TAMM THASSETT FLORIDA