

L16000164825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

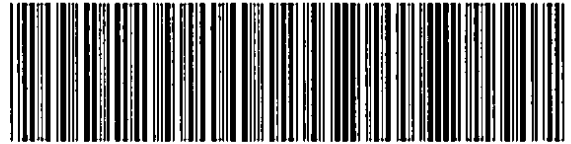
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N COOPER

AUG 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

CULINARY CONCEPTS SWFL LLC

SUBJECT: _____
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:

MICHAEL BEAN

Name of Person

CULINARY CONCEPTS SWFL LLC

Firm/Company

1341 DEL PRADO BLVD S UNIT 1

Address

CAPE CORAL, FL, 33990

City/State and Zip Code

MIBEAN21@COMCAST.NET

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

For further information concerning this matter, please call:

MICHAEL BEAN

239

269-1364

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

CULINARY CONCEPTS SWFL LLC

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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>
AMBR	AHMED, BORHAN	211 10TH AVE NW	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HANNOUD, IMAD	PO BOX 62021	<input type="checkbox"/> Add
		FORT MYERS, FL 33906	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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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 August 3rd 2018

Ch. C.

Signature of a member or authorized representative of a member

Michael Bein

Typed or printed name of signee