

LIL 000 224698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

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2018 MAY -9 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 14 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRITISH AUTO SALES 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:

HANNAH KHAN

Name of Person

BRITISH AUTO SALES LLC

Firm/Company

4701 SW 45 ST, BLDG 11 BAY 7

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

AUTOSALES@GMAIL.COM

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

For further information concerning this matter, please call:

HANNAH KHAN

305 224 2507
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

BRITISH AUTO SALES 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	DONOVAN CLARKE	4701 SW 45 ST. BLDG 11 BAY 7,	<input checked="" type="checkbox"/> Add
		DAVIE, FLORIDA 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL BRAMBLE	4701 SW 45 ST, BLDG 11 BAY 7,	<input type="checkbox"/> Add
		DAVIE, FLORIDA, 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2010 MAR -9
 4:46

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 MAY 1 2018

Signature of a member or authorized representative of a member

HANNAH KHAN

Typed or printed name of signee