

L17000016408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

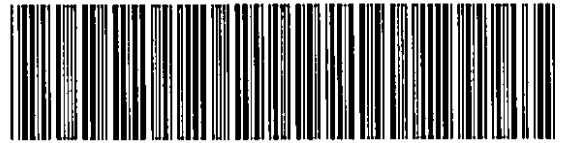
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 AUG -2 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN

AUG 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
1401 W FLAGLER ST
MIAMI, FL 33135

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
Ref. Number: L17000016408

We have received your document for BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 118A00010519

RECEIVED

2018 MAY 31 AM 10:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 AUG -2 AM 10:23

RECEIVED

©



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2018

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
PO BOX 441657
MIAMI, FL 33144

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC
Ref. Number: L17000016408

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations

Letter Number: 618A00012017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) 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:

ALONZO BUCHANAN JR.

Name of Person

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC

Firm Company

1401 WEST FLAGLER STREET

Address

MIAMI, FLORIDA 33135

City/State and Zip Code

a.buchananjr@att.net

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

For further information concerning this matter, please call:

ALONZO BUCHANAN JR.

305

904 4642

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)

PAYMENT OF \$52.00 ALREADY RECEIVED

*↓
PAID*

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

[illegible]

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 JULY 07, 2018

Alonso Buchanan Jr.
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

ALONZO BUCHANAN JR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
MAIL ASSISTANT

2018 AUG -2 AM 7:57

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