

L17000023055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

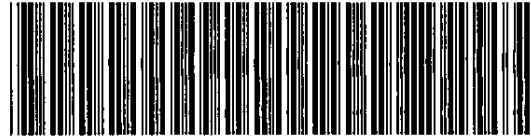
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299409050

000299409050
05/19/17--01022--008 **35.00

17 JUN -2 PM 2:07

O SIMMONS
JUN 05 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2017

BRUCE GIBSON
12640 BAYSHORE DR
N MIAMI, FL 33181-2429

SUBJECT: BAYSHORE CHARLOTTE HOLDINGS, LLC
Ref. Number: L17000023055

We have received your document for BAYSHORE CHARLOTTE HOLDINGS, LLC and your check(s) totaling \$35.00. 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 FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00010254

RECEIVED
2017 JUN -2 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bayshore Charlotte Holdings, 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:

Bruce M. Gibson

Name of Person

Bayshore-Charter, LLC (formerly Bayshore Charlotte Holdings, LLC)

Firm/Company

12640 N Bayshore Dr

Address

North Miami, FL 33181-2429

City/State and Zip Code

bgibson@srcapadvisors.com

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

For further information concerning this matter, please call:

Bruce M. Gibson

305 606-8662

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)

*\$10.00 REFUND
PERYESTED, \$35.00
PREVIOUSLY 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

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	Keven J. Bennema	1584 Charlotte Cir	<input checked="" type="checkbox"/> Add
		Naperville, IL 60564	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 May 30, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee