

L17000045933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

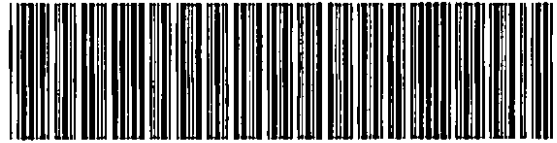
(Document Number)

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FILED
2022 APR 12 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/16/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fellsmercicity Grocery and grill 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:

calvin christian

Name of Person

Fellsmercicity Grocery and Grill L.Lc

Firm/Company

10725 standing stone dr

Address

Wimauma , Florida 33598

City/State and Zip Code

CALVIN.CHRISTIAN93@YAHOO.COM

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

For further information concerning this matter, please call:

CALVIN CHRISTIAN

813 480-3236
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 12 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FL

March 11, 2022

CALVIN CHRISTIAN
10725 STANDING STONE DRIVE
WIMAUMA, FL 33598

SUBJECT: FELLSMERECITY GROCERY AND GRILL, LLC
Ref. Number: L17000045933

We have received your document for FELLSMERECITY GROCERY AND GRILL, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 522A00005818

FILED

2022 APR 12 PM 12:59

SEC 1
TALLAHASSEE, FL

TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[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)

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.

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00