

LN0000061361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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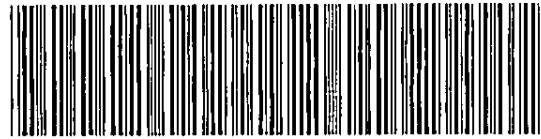
(Business Entity Name)

(Document Number)

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20 MAR 16 PM 2:23
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MAR 16 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DLS ENTERPRISES OF HAVANA 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:

DONNA L SALTERS

Name of Person

DLS ENTERPRISES OF HAVANA LLC

Firm/Company

207 W 10TH AVENUE

Address

HAVANA FL 32333

City/State and Zip Code

donnasalters@yahoo.com

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

For further information concerning this matter, please call:

DONNA L SALTERS 850 284-3622
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

If Changing Registered Agent, Signature of New Registered Agent

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	DONNA L SALTERS	207 W 10TH AVE HAVANA FL 32333	Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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AT
FBI

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.

Dated MARCH 11th 2020


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00