

117 0000 669 09

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

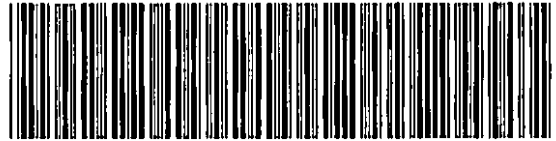
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2021 JUN -2 PM 3:44

FILED

*Amend*

JUN 02 2021

ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PINECREST BAKERY 11, 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:

Behzad Cesar Ravan, CPA

Name of Person

Ravan and Company LLP

Firm/Company

8360 West Flagler Street, Suite 200

Address

Miami, Florida 33144

City/State and Zip Code

cesar@ravanandco.com

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

For further information concerning this matter, please call:

Behzad Cesar Ravan, CPA

Name of Person

at ( 305 )

Area Code

615-2655

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  
2021 JUN 2 PM 12:38  
TALLAHASSEE, FL

May 15, 2021

BEHZAD CESAR RAVAN, CPA  
RAVEN & COMPANY LLLP  
8360 WEST FLAGLER STREET - STE. 200  
MIAMI, FL 33144

SUBJECT: PINECREST BAKERY 11, LLC  
Ref. Number: L17000066909

We have received your document for PINECREST BAKERY 11, LLC and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 121A00010247

FILED  
2021 JUN -2 PM 3:44  
CLERK OF DISTRICT COURT  
JULIA A. BROWN, CLERK

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>
AMBR	Pinecrest Bakery LLC	12101 South Dixie Highway	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joel Rodriguez	P.O. Box 562170	<input type="checkbox"/> Add
		Miami, FL 33256-2170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	<input type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

(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 of a member

Typed or printed name of signee

**Filing Fee: \$25.00**