

L17000067921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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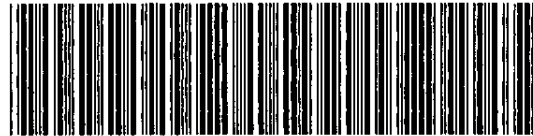
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATION

APR 06 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chiquita 27, 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:

Shirley J. Kroll

Name of Person

Firm/Company

P.O. Box 07376

Address

Fort Myers, Florida 33919

City/State and Zip Code

sjkteachabc@embarqmail.com

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

For further information concerning this matter, please call:

Samuel J. Hagan, IV, Esq.

239 332-3011
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/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>
MGR	SJK, LLC	13724 Thatcher Ct, #V-1	☐ Add
		Fort Myers, FL 33919	☒ Remove
			☐ Change
MGR	SJKroll, LLC	13724 Thatcher Ct, #V-1	☒ Add
		Fort Myers, FL 33919	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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[illegible]

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.

(b) The 90th day after the record is filed.

[Handwritten signature]

Samuel J. Hagan, IV, authorized representative
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00

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