

L17000150925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

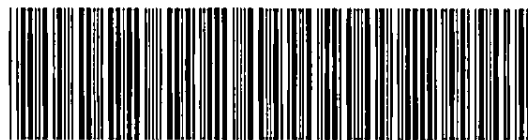
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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17 AUG 15 PM 4:48

DIVISION OF CORPORATIONS

O. SIMMONS

AUG 16 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2017

ROSS GREENBERG, ESQ
2883 EXECUTIVE PARK DR
STE 200
WESTON, FL 33331

SUBJECT: OFF WEEKEND DECKS, LLC
Ref. Number: L17000150925

We have received your document for OFF WEEKEND DECKS, 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 LLC. 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 L Simmons
Regulatory Specialist II

Letter Number: 417A00015394

RECEIVED
2017 AUG 15 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OFF WEEKEND DECKS, 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:

ROSS M. GREENBERG, ESQ.

Name of Person

GREENBERG LAW GROUP, PA

Firm/Company

2883 EXECUTIVE PARK DRIVE, SUITE 200

Address

WESTON, FL 33331

City/State and Zip Code

VALERIE@NEUTRALOGISTICSPERU.COM

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

For further information concerning this matter, please call:

ROSS M. GREENBERG

954 659-8300
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

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CRIME PREVENTION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DIVISION OF DETENTION

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated AUGUST 9 2017

Signature of a member

Signature of a member or authorized representative of a member

VALERIE CHIA

Typed or printed name of signee