

L17000167476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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12/11/17--01004--003 **25.00

17 DEC 11 AM 9:53

State of
California
12/11/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORTUNE SEASONS CATERING 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:

STANLEY F. FORTUNE

Name of Person

Firm/Company

1050 NE 158 ST

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

STANLEY_FORTUNE@YAHOO.COM

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

For further information concerning this matter, please call:

STANLEY F. FORTUNE

786 340-8421
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

FORTUNE SEASONS CATERING LLC

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>
MGR	STANLEY F FORTUNE	1050 NE 158 ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICKARDO PIERRE	1050 NE 158 ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DEC 14 9:53

FILED
SECRETARY OF STATE
TALLAHASSEE, FLA.

(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.

Dated OCT. 02

2017.

Signature of a member or authorized representative of a member

STANLEY F FORTUNE

Typed or printed name of signee