L17000174055

(Requestor's Name)				
(Address)				
(Address)				
Birton 2010 1100				
Bistro 266 UC (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiliess Elliky Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer: Called 8/23/17. OK to Ado Suftx				
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N. CAUSSEAUX AUG 2 3 2017

COVER LETTER

TO: Registration Sec Division of Corp		ř		
SUBJECT: Biesti	ro 206			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Statement of	of Correction and fee(s) are	e submitted for filing		
Please return all correspo	ndence concerning this ma	atter to the following:		
Mark Rawd	on			
	Name of Person			
Bistro 206 LLC				
Firm/Company				
811 SR 206 East Ste #8				
	Address			
St Augustin	e FI 320	80		
	ty/State and Zip Code			
bistro206@	gmail.com			
E-mail address: (to	be used for future annual	report notification)		
For further information c	oncerning this matter, plea	ase call:		
Mark Rawd	on	917	Daytime Telephone Number	
Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for	the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)