

L17000206406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

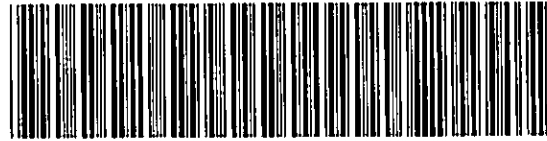
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500308404955

02/02/18--01020--004 **25.00

1 FEB 11
18 FEB - 1 PM 3:23
MAY 11 10:11 AM

S. WARREN

FEB 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2018

JUAN HERNANDEZ
1600 8TH STREET, SPT. 203
SARASOTA, FL 34236

SUBJECT: PREMIER IRRIGATION, LLC
Ref. Number: L17000206406

We have received your document for PREMIER IRRIGATION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 118A00001368

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Irrigation, 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:

RECEIVED
JAN 16 2013

Juan Hernandez

Name of Person

Premier Irrigation, LLC

Firm/Company

1600 8TH ST., APT. 203

Address

SARASOTA, FL 34236

City/State and Zip Code

premierirrigationllc@gmail.com

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

For further information concerning this matter, please call:

Juan Hernandez

941

894-8254

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

NO \$

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	Patrick Bellanger	700 COCOANUT AVE., # 235	<input type="checkbox"/> Add
		SARASOTA, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juan Hernandez	1600 8TH ST., APT. 203	<input type="checkbox"/> Add
		SARASOTA, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan Hernandez	1600 8TH ST., APT. 203	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICENTE OCTAVIANO	5507 13 TH STREETE.	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 FEB 1 11:3:23
STATION

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, text, or other markings on the paper.

(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.

01/09/18

Francis A. Zuluaga
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

18 FEB -1 PM 3:23