

L18000089440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

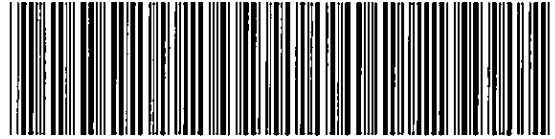
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUN -8 PM 4:39
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CLERK OF COURT
JULIA A. BROWN

B FIGUEROA

JUN 12 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2018

NAZEERA DUPOUX
3627 DAVIE BLVD
FT LAUDERDALE, FL 33312

SUBJECT: BROWARD LIFE PARTS L.L.C. (LIFT)
Ref. Number: L18000089440

We have received your document for BROWARD LIFE PARTS L.L.C, and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

No fee was enclosed. Please mail a check made payable to the Florida Department of State.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 618A00010796

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RECEIVED

2018 JUN -7 AM 11:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWARD LIFE PARTS LLC

Name of Limited Liability Company

RECEIVED
2018 MAY 21 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAZEERA DUPOUX

Name of Person

DAVIE ACCOUNTING & ASSOCIATES

Firm/Company

3627 DAVIE BLVD

Address

FORT LAUDERDALE FLORIDA, 33312

City/State and Zip Code

davieacct@gmail.com

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

For further information concerning this matter, please call:

Nazeera Dupoux

954 791-6671

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

20 11

BROWARD LIFE PARTS LLC

The Articles of Organization for this Limited Liability Company were filed on APRIL 9th 2018 and assigned Florida document number L18000089440

BROWARD LIFT PARTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter¹ the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

NA

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>
_____	NA	NA	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2018 JUN -8 PM 4: 3
OFFICE OF STATE
ATTORNEY GENERAL

2008 JUN -8 PM 4:39
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

04/05/2018

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 APRIL 5 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee