

418000 193757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

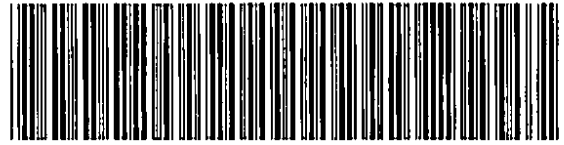
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/20/18--01026--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 20 AM 7:57

N COOPER

AUG 24 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

1845 Tap House LLC
SUBJECT: _____

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:

Fernando Rodriguez

Name of Person

Firm/Company

42605 HWY 27

Address

Davenport, FL 33837

City/State and Zip Code

info@ovationbistro.com

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

For further information concerning this matter, please call:

Fernando Rodriguez

863 604 3182
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	139 Days at Sea, LLC	306 SILVER PALMS CIRCLE. DAVENPORT	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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18 AUG 20 AM 7:51

18 AUG 20 AM 7:57

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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 08/16/2018

2018

_____ 2018 _____


 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

FERNANDO RODRIGUEZ

Typed or printed name of signee



Florida Department of Revenue
Corporate Income/Franchise and Emergency Excise Tax

DR-714
 R. 05/17

OVATION BISTRO & BAR
 OVATION BISTRO & BAR WINTER HAVEN LLC
 3120 HUNTWICKE BLVD
 DAVENPORT FL 33837-8293

Business Partner: 5255703
Contract Object: 17327439
FEIN: 82-2383400
Tax Year(s) Ending: 12/2017

We Have Not Received Your Florida Corporate Tax Return for the Tax Year(s) Ending Referenced Above

Our records indicate you did not file a Florida corporate income tax return (Form F-1120 or F-1120A) or a request for an extension of time to file (Form F-7004) for the tax year(s) ending referenced above. Generally, if you are required to file a federal return, you are also required to file a Florida return, even if no tax is due. Complete section 1, 2, or 3 below.

- 1.** If you did file the return(s) or extension of time, please attach a copy of the completed and signed return(s) and/or extension of time. Attach a copy of the front and back of the canceled check(s), if applicable, and complete the following:

Business name on return(s): _____

FEIN (if different from above): _____ Date(s) filed: _____

- 2.** If you were not required to file a return, please indicate why:

☐ Business Closed _____ / _____ / _____
MO DAY YR

☐ Date Incorporated _____ / _____ / _____
MO DAY YR

You must file a final return if your business is closed.

☐ S Corporation — Attach a copy of the first page of federal Form 1120S.

☐ Tax Exempt — Attach a copy of the Determination Letter from the IRS.

☐ Consolidated Filer — Attach an Affiliations Schedule, Form F-851 or federal Form 851.

☐ Homeowners Association — Attach a copy of the first page of federal Form 1120H.

☐ Other _____

- 3.** If you have not filed, please attach Florida Form F-1120 or F-1120A and supporting federal return to this notice and mail to the Florida Department of Revenue. See reverse side for information on how to obtain forms.

If you have any questions, contact the Department at 850-488-6800, Monday through Friday (excluding holidays).

Signature of individual providing information

Title

Date

Telephone number