

L18000275897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

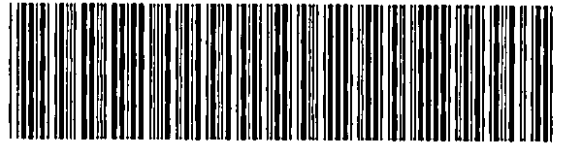
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 JUN 17 9:31

FILED

Amend

JUN 17 2019
FALSBUTTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **FOXTROT HOME BUYERS 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:

MAX COHEN

Name of Person

Firm/Company

11630 SUNRISE VIEW LANE

Address

WELLINGTON, FL 33449

City/State and Zip Code

DJBYCK@MSN.COM

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

For further information concerning this matter, please call:

MAX COHEN

917 941-3712
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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAXCO HOLDINGS LLC	11630 SUNRISE VIEW LANE	☒ Add
		WELLINGTON, FL 33449	☐ Remove
			☐ Change
MGR	MAX COHEN	11630 SUNRISE VIEW LANE	☐ Add
		WELLINGTON, FL 33449	☒ Remove
			☐ Change
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