

9/1/21, 11:48 AM

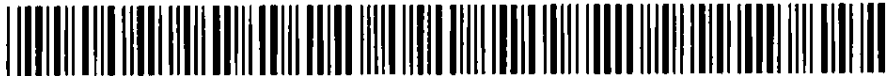
Division of Corporations

L19000087592

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000326797 3)))



H210003267973ABC4

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.
Account Number : I20180000045
Phone : (786)508-2020
Fax Number : (786)209-3030

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERESFORD VENTURES GROWTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 2021 SEP -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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9/2/21

COVER LETTER

((H21000326797 3.1))

**TO: Registration Section
Division of Corporations**



SUBJECT: BERESFORD VENTURES GROWTH, 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:

DAVID H. SALMON

Name of Person

SALMON LEGAL GROUP, P.L.L.

Firm/Company

1395 BRICKELL AVENUE, STE 800

Address

MIAMI, FL 33131

City/State and Zip Code

FILINGS@SALMONLEGAL.COM

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

FILED
2021 SEP -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID H. SALMON

786

508-2020

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

10-10-68

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>
MGR	HOROWITZ, CHARLES J	110 SE VIA SAN RAMONE	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34984	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEAN, S. TURNER	3430 OLEANDER WAY	<input type="checkbox"/> Add
		GULF STREAM, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BERESFORD VENTURES MANA	1395 BRICKELL AVENUE, STE 800	<input checked="" type="checkbox"/> Add
	BERESFORD VENTURES MANAGERS, LLC	MIAMI, FL 33131	<input 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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