

L19 000105315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

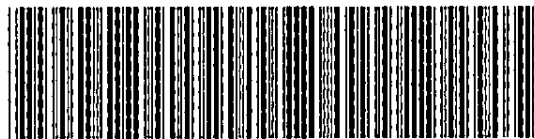
(Business Entity Name)

(Document Number)

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OCT 17 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I Queen Collection 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:

Mariah Montgomery  
Name of Person

I Queen Collection LLC  
Firm/Company

7900 NW 27 Ave Studio 8  
Address

Miami, Florida 33147  
City/State and Zip Code

IQueenhair1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariah Montgomery at (786) 499-7788  
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

The Queen Collection LLC Page 1 of 56  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**



2018-12-27 PM 1:30

**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.

Dated 9/3/2020

Typed or printed name of signer

**Filing Fee: \$25.00**

**Detail by Entity Name**

Florida Limited Liability Company  
IQUEEN COLLECTION LLC

Filing Information

**Document Number** L19000105315  
**FEI/EIN Number** 83-4601049  
**Date Filed** 04/17/2019  
**State** FL  
**Status** ACTIVE

L19000105315

Principal Address

27455 S Dixie Highway  
HOMESTEAD, FL 33032

Changed: 06/22/2020

Mailing Address

27455 S Dixie Highway  
HOMESTEAD, FL 33032

Change Address TO  
7900 NW 27 Ave.  
Studio 8  
Miami, FL 33147

Changed: 06/22/2020

Registered Agent Name & Address

Montgomery, Mariah, Ambr  
27455 S Dixie Highway  
Homestead, FL 33032

Name Changed: 06/22/2020

Address Changed: 06/22/2020

Authorized Person(s) Detail**Name & Address**

Title AMBR

MONTGOMERY, MARIAH

27455 S. Dixie Highway  
HOMESTEAD, FL 33032

change Address  
7900 NW 27 Ave  
Studio 8  
Miami, FL 33147

Annual Reports

Report Year	Filed Date
2020	06/22/2020

Document Images

06/22/2020 - ANNUAL REPORT [View image in PDF format](#)

04/17/2019 - Florida Limited Liability [View image in PDF format](#)