

L19000 186 896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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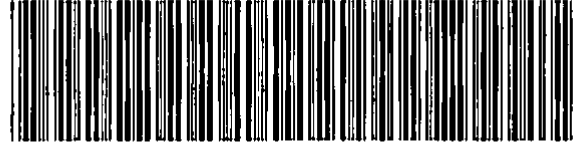
(Business Entity Name)

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TALLAHASSEE, FLORIDA

SEP 1 ' 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELSAIR & GLEN 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:

DANIEL T ABOU-JAOUDE

Name of Person

Firm/Company

P.O. BOX 454

Address

LUTZ, FL 33548

City/State and Zip Code

d306444@yahoo.com

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

For further information concerning this matter, please call:

DANIEL T ABOU-JAOUDE

727

430-4804

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

BELSAIR & GLEN LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

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19 SEP - 6 AM 11:27
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

19 SEP -6 AM 11:21
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TALLAHASSEE
FLORIDA

(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)

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.

2019

~~Signature of a member or authorized representative of a member~~

DANIEL T ABOU-JAOUDE

Typed or printed name of signee