

L19000292990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

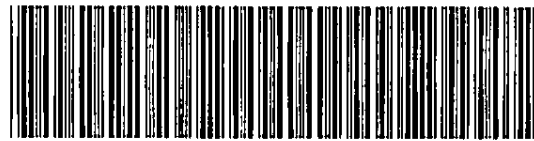
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900337896619

12/19/13--01001--001 +490.00

FILED
2020 FEB -6 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

FEB 07 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2020

PHOENIX MANA CONSULTING GROUP LLC
24652 CALUSA BLVD
EUSTIS, FL 32736

SUBJECT: PHOENIX MANA CONSULTING GROUP LLC
Ref. Number: L19000292990

We have received your document for PHOENIX MANA CONSULTING GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature page missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 720A00001307

2020 FEB -6 AM 10:56

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Phoenix Mana Consulting Group 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:

Maria Isabel Collins

Name of Person

Phoenix Mana Consulting Group LLC

Firm/Company

24652 Calusa Blvd

Address

Eustis, FL 32736

City/State and Zip Code

isabelcollinsrealtor@gmail.com

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

For further information concerning this matter, please call:

Maria Isabel Collins

305 467-4739
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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 01/01/2020 (optional)
(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 01/27 2020

 Signature of a member or authorized representative of a member
MARIA ISABEL COLLINS
 Typed or printed name of signee

Filing Fee: \$25.00