

L20000 32841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

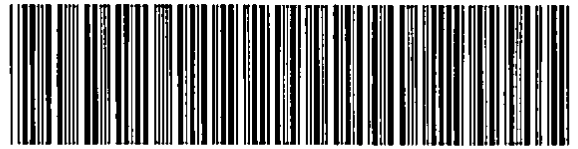
(Business Entity Name)

(Document Number)

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APR - 1 2020
C Kinsey

FILED
2020 MAR 19 AM 10:20
SECURITY
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCO ISLAND FOOD STORES 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:

MD SHAR FARAJ

Name of Person

Firm/Company

10115 NORTH SILVER PALM DRIVE

Address

ESTERO FLORIDA 33928

City/State and Zip Code

RAJFLORIDA2013@GMAIL.COM

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

For further information concerning this matter, please call:

MD SHAR FARAJ

239

269-3283

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

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2020 MAR 19 AM 10:20
SEATTLE
TALLAHASSEE FL

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	MD FARAJ RASHEED	10115 NORTH SILVER PALM DRIVE	<input type="checkbox"/> Add
		ESTERO FLORIDA 33928	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MD SHAR FARAJ	10115 NORTH SILVER PALM DRIVE	<input checked="" type="checkbox"/> Add
		ESTERO FLORIDA 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

Dated MARCH 17, 2020

MD SHAR FARAJ

Filing Fee: \$25.00