L20000 286 464

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
2544 623		
V -		

Office Use Only



600352223266

09/30/20--01011--029 **25.00

R (12) 11



700 1 100 7 2: 70

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2020

BRYAN BERMAN N2 PUBLISHING 10220 OLIVEWOOD WAY UNIT 44 ESTERO, FL 33928

SUBJECT: THE QUAIL CHRONICLES, LLC

Ref. Number: L20000286464

We have received your document for THE QUAIL CHRONICLES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

BB PRODUCTS LLC L18000075574

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia S Young Regulatory Specialist II

Letter Number: 320A00022367

COVER LETTER

TO: Registration Section

Pivision of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
			·
he enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Bryan Berman		
	-	Name of Person	
	N2 Publishing		
		Firm/Company	
	10220 Olivewood Way Un	is 44	
		Address	
	Estero, Florida 33928		
	-	City/State and Zip Code	· · ·
	berman33@yahoo.com		
or further information c	e-mail address: (oncerning this matter, please e	to be used for future annual report no	arreador)
Bryan Berman	encerning this matter, presse en	239 7850285	
Name of Person			me Telephone Number
Name o	f Person	Area Code Daytii	me Telephone Number
Inclosed is a check for th	ne 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 cadditional copy is enclosed
<u>Mailing Addres</u>		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

-	
-	
-	
-	
-	
-	
_	
-	
=	
-	
Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
he recoi	rd 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
he recoi	
he recoi	led.
	9/24/2020
he recor ord is ti	9/24/2020 ,
he recor	9/24/2020

Typed or printed name of signee