

L21000067354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

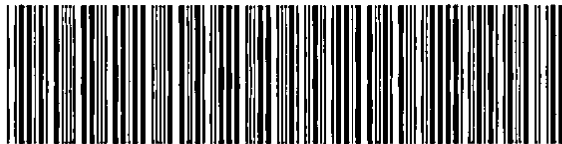
(Document Number)

Notified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500361331765

03/05/21 5 AM 8:11
STATE
FL

ED

03/05/21 01010 001

DD

DDA

03/05/21 5 PM 12:23

MAR 08 2021

MAR 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAFAYETTE FOOD PARTNERS, 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:

DOMINIQUE DELCOURT

Name of Person

LAFAYETTE FOOD PARTNERS, LLC

Firm/Company

10309 CYPRESS ISLE CT

Address

ORLANDO, FL 32836

City/State and Zip Code

DOMDELREALTOR@GMAIL.COM

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

For further information concerning this matter, please call:

DOMINIQUE DELCOURT

321

4602033

Name of Person

at (_____) _____
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

[illegible]

[illegible]

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 March 1st 2021

Dominique Delcourt

Signature of a member or authorized representative of a member

DOMINIQUE DELCOURT

Typed or printed name of signee

Filing Fee: \$25.00