

L21000068658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

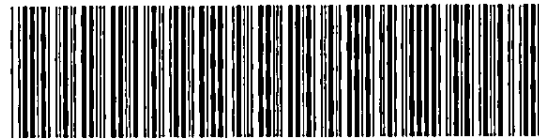
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN -7 PM 3:02

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Nancy
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JUN 11 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Petrone's Basket Case, A Gift for Every Occasion, 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:

Deborah J. Livingston

Name of Person

Paradise Accounting Services, Inc.

Firm/Company

1051 Eber Blvd, Ste 108

Address

Melbourne, FL 32904

City/State and Zip Code

Debby@paradisecacctserv.com

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

For further information concerning this matter, please call:

Deborah J. Livingston

321 220-0647
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
MAR 05 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2021

DEBORAH J. LIVINGSTON
1051 EBER BLVD
STE. 108
MELBOURNE, FL 32904

SUBJECT: PETRONE'S BASKET CASE, A GIFT FOR EVERY OCCASION, LLC
Ref. Number: L21000068658

We have received your document for PETRONE'S BASKET CASE, A GIFT FOR EVERY OCCASION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 521A00010258

2021 MAY 27 PM 10:28
RECEIVED

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

This image shows a single page from a notebook or ledger. The page is white and features approximately 20 evenly spaced horizontal black lines running across its width. There are no vertical margin lines, titles, or other markings present on the page.

(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.

Deborah J. Swings
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00