

L21 0000151664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

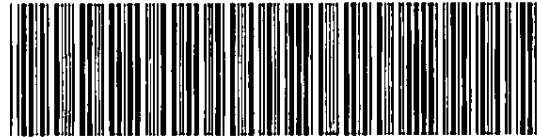
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 8 PM 8:43

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2021 JUL -8 AM 6:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2021

VIVIAN M DUARTE
4520 SW 43RD TER
FT. LAUDERDALE, FL 33314

SUBJECT: CHIQUITA PRESIDENT LLC
Ref. Number: L21000151664

We have received your document for CHIQUITA PRESIDENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 121A00013450

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIQUITA PRESIDENT 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:

VIVIAN M. DUARTE

Name of Person

CHIQUITA PRESIDENT

Firm/Company

4520 SW 43RD TER

Address

FORT LAUDERDALE, FL 33314

City/State and Zip Code

camilalopez@protaxfa.com

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

For further information concerning this matter, please call:

VIVIAN M. DUARTE

Name of Person

754

234-4112

at (_____) _____

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (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) of the Rules of the State Bar of Texas, this date will not be listed as the effective date of the filing of the document.

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 June 24, 2001.

Union of Quakers

Signature of a member or authorized representative of a member

VIVIAN M. DUARTE

Typed or printed name of signee

Filing Fee: \$25.00