

5/20/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000202752 3)))



H210002027523ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAURA K. MUNSON, CPA
Account Number : I20190000060
Phone : (863)634-4631
Fax Number : (863)467-3002

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Laura@simsmunsoncpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CATALINA ESTATES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(((H21000202752 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Catalina Estates, L.L.C.

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:

Laura Munson

Name of Person

Sims Munson CPA

Firm/Company

319 N. Parrott Ave

Address

Okeechobee, Fl. 34972

City/State and Zip Code

Laura@simsmunsoncpa.com

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

FILED
 2021 MAY 20 PM 4:48
 SECRETARY OF STATE
 TALLAHASSEE, FL

For further information concerning this matter, please call:

Laura Munson

863 634-4631

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Manuel Mora Moreno	1409 NW 39th Cir, Okeechobee, FL 34972	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Maribel Ochoa	1409 NW 39th Cir, Okeechobee, FL 34972	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. 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)

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.

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 May 19 2021

 _____
Signature of a member or authorized representative of a member

Laura Munson

Typed or printed name of signee

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