

L22000074189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

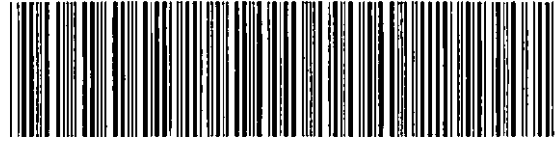
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2980-



600411093926

06/27/23--01003--014 \*\*60.00

2023 SEP -5 PM 5:09

9/21/2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anastasia Enterprises 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:

Robert Anastasia

\_\_\_\_\_  
Name of Person

Anastasia Enterprises LLC

\_\_\_\_\_  
Firm/Company

5680 Woodland Sage Dr.

\_\_\_\_\_  
Address

Sarasota, FL 34234

\_\_\_\_\_  
City/State and Zip Code

robanastasia@yahoo.com

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

For further information concerning this matter, please call:

Robert Anastasia

858

335-0580

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2023

ROBERT ANASTASIA  
5680 WOODLAND SAGE DRIVE  
SARASOTA, FL 34234

SUBJECT: ANASTASIA ENTERPRISES, LLC  
Ref. Number: L22000074189

We have received your document for ANASTASIA ENTERPRISES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 223A00018099

SEP 05 2023

19

2023 SEP -5 PM 5:09

(A Florida Limited Liability Company)

02/14/2022

L22000074189

**A. If amending name, enter the new name of the limited liability company here:**

5680 Woodland Sage Dr., Sarasota FL 34238

---

5680 Woodland Sage Dr., Sarasota FL 34238

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida**  
*City* *Zip Code*

**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	1031x.com Eat Services, LLC	7150 E. Hampden Ave. STE 200,	<input type="checkbox"/> Add
		Denver, CO 80024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eloranto, Michael	7150 E. Hampden Ave. STE 200,	<input type="checkbox"/> Add
		Denver, CO 80024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sean Ross	7150 E. Hampden Ave. STE 200,	<input type="checkbox"/> Add
		Denver, CO 80024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SMLLC	Robert Anastasia	5680 Woodland Sage Dr., Sarasota FL 34238	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 June 21, 2023

Signature of a member or authorized representative of a member

Robert Anastasia

Typed or printed name of signee

**Filing Fee: \$25.00**