

L22000103699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

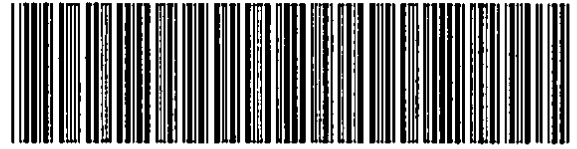
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/14/22--01010--029 **113.75

22 MAY 27 PM 3:21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. MATTHEWS

JUL 13 2022



RECEIVED

2022 MAY 27 PM 1:22

FLORIDA DEPARTMENT OF STATE
Division of Corporations TALLAHASSEE, FL

May 6, 2022

JESSICA PUGH
13160 BELLA CASA CIR #1108
FORT MYERS, FL 33699

SUBJECT: SHEPP'S KITCHEN COOP LLC
Ref. Number: L22000103699

We have received your document for SHEPP'S KITCHEN COOP LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Tekayla T Matthews
OPS

Letter Number: 922A00010465

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHEPP'S Kitchen Coop 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:

Jessica Pugh
Name of Person

SHEPP'S Kitchen Coop LLC
Firm/Company

13160 Bella Casa Cir #1108
Address

Fort Myers, FL 33966
City/State and Zip Code

5sheppards85@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Sheppard at (315) 383-5625
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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 MAY 27 PM 3: 21

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	Christopher Sheppard	13160 Bella Casa Cir #1108	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica Pugh	13160 Bella Casa Cir #1108	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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.

Signature of a member or authorized representative of a member

CHRISTOPHER SHEPPARD
Typed or printed name of signee