

L 220000148119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

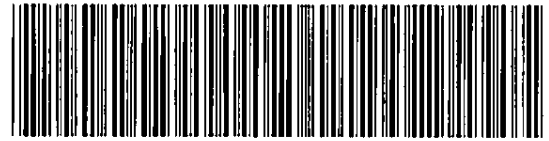
(Business Entity Name)

(Document Number)

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11/20/23--01061--004 **25.00

2023/11/20 PM 12:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOUCHEFAMILY 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:

FABRICE HERZSTEIN

Name of Person

Firm Company

20803 BISCAYNE BLVD, SUITE 440

Address

AVENTURA, FL 33180

City/State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

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

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786

785-5000

Name of Person

at (_____) _____
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

MOUCHEFAMILY LLC

2023/07/20 Fri 12:31

[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

FRANCOIS MOUCHE

Typed or printed name of signee

Filing Fee: \$25.00