

K22CCC222540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

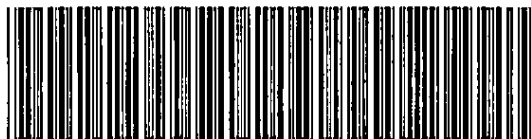
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANN'ALEAH'S BOWTIQUE 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:

DEBORAH HERNANDEZ RAMIREZ

Name of Person

ANN'ALEAH'S BOWTIQUE LLC

Firm/Company

330 W SUGARLAND HWY UNIT 11

Address

CLEWISTON FL 33440

City/State and Zip Code

deborahhernandez391@gmail.com

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

For further information concerning this matter, please call:

Deborah Hernandez

786 795-1471
at (_____) _____

Name of Person

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

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	BRIDGET CASTRO	413 W AVENIDA DEL RIO	<input checked="" type="checkbox"/> Add
		CLEWISTON FL 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEBORAH HERNANDEZ RAMIL	1850 OLD US 27 LOT 36	<input checked="" type="checkbox"/> Add
		CLEWISTON FL 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

NEW REGISTERED AGENT: DEBORAH HERNANDEZ RAMIREZ

MGR: DEBORAH HERNANDEZ RAMIREZ

AMBR: BRIDGET I CASTRO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 5/27/2022 (optional)

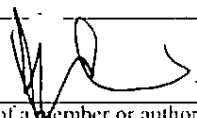
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5/27

2022


Signature of a member or authorized representative of a member

DEBORAH HERNANDEZ RAMIREZ

Typed or printed name of signee

Filing Fee: \$25.00