

L22000143371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

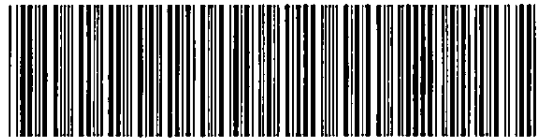
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. HUNT

04/04/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OPA-LOCKA INDOOR FLEA MARKET 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:

DANIEL S. WHITEBOOK

Name of Person

OPA-LOCKA INDOOR FLEA MARKET LLC

Firm/Company

13449 NW 42ND AVENUE

Address

OPALOCKA, FL 33054

City/State and Zip Code

DWHITEBOOK@AOL.COM

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

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7/23/03 - 4 PM 1:14
DIVISION OF STATE
REGISTRATION, SEC. FL

For further information concerning this matter, please call:

DANIEL S. WHITEBOOK

305 428-1111

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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2023 APR -14 PM 1:14
CLARK COUNTY
STATE
CLARK COUNTY, FL

2003 APR -4 PM 1:14
HALL COUNTY
FL

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UNIVERSITY
TALLAHASSEE, FL
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(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.

Doni Sulahit

DANIEL S. WHITEBOOK

Filing Fee: \$25.00