

L22000304969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

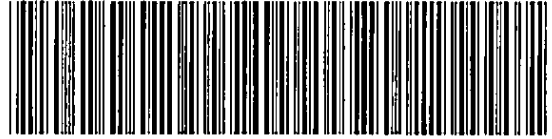
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/21/24--01013--019

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG 20 PM 2:55

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8/20/24

ML



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2024

VINCENT SALITURO  
58 JACKSON AVE  
PONTE VEDRA BEACH, FL 32082

SUBJECT: CELEBRATION JAX LLC  
Ref. Number: L22000304969

We have received your document for CELEBRATION JAX LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. 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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 724A00015331

SECRETARY OF STATE  
TALLAHASSEE, FL  
call

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Aug 20

VINCENT SALITURO  
58 JACKSON AVE  
POMEREO BEACH, FL 32082

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FL 32399-0001

RE: STATE OF FLORIDA DEPARTMENT OF REVENUE JAX LLC and your  
document has not been filed

Since your document is a LLC. Please  
provide the following information:

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 724A00015331

2024 AUG 20 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

I CALLED THE PHONE NUMBER FOR INFO AND WAS  
INSTRUCTED NOT TO SEND ANOTHER CHECK FOR  
FUNDS.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CELEBRATION JAX 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:

VINCENT SALITURO  
Name of Person

CELEBRATION JAX LLC  
Firm/Company

58 JACKSON AVE  
Address

PONTE VEDRA BEACH, FL 32082  
City/State and Zip Code

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

For further information concerning this matter, please call:

CHADWICK MCCRORY at (904) 866-6810  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2024 AUG 20 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

CELEBRATION JAX LLC

N/A

N/A

N/A

N/A

N/A

**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	CHADWICK MCCORDY	3819 UNION PACIFIC DR W	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR.	VINCENT SALITURO	58 JACKSON AVE	<input type="checkbox"/> Add
		PONTE VEDRA BEACH, FL	<input type="checkbox"/> Remove
		32082	<input checked="" type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

024 AUG 20 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL  
RECEIVED

FILED

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

CHADWICK MCCRODY IS 50% OWNER + SHAREHOLDER.

VINCENT SALTURD IS 50% OWNER + SHAREHOLDER.

THE ORIGINAL FILING DATE OF THE LLC WAS 7.8.22

FILED  
2024 AUG 20 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 605.0507 (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 AUGUST 27, 2024.

V. Salturn

Signature of a member or authorized representative of a member

VINCENT SALTURD

Typed or printed name of signee