

L230000 34648

(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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2023 MAY 22 AM 9:44
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TALLAHASSEE, FL

96 1013/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDS BUILDING DEVELOPMENT 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:

AUDRA RACHEL COLMENARES LINARES

Name of Person

LDS BUILDING DEVELOPMENT LLC

Firm/Company

111 SUNNY OAK TRL

Address

KISSIMMEE FL 34746

City/State and Zip Code

ldsbuildingdevelopment@gmail.com

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

For further information concerning this matter, please call:

AUDRA RACHEL COLMENARES LINARES

407

495-0384

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2023

AUDRA RACHEL COLMENARES LINARES
2350 CARAVELLE CIRCLE
KISSIMMEE, FL 34746

SUBJECT: LDS BUILDING DEVELOPMENT LLC
Ref. Number: L23000034648

We have received your document for LDS BUILDING DEVELOPMENT LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

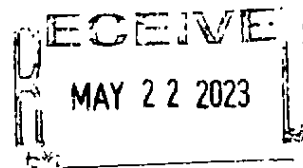
The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 323A00009634



2023 MAY 22 AM 9:44

records.)

1 2 3 4 5 6 7 8 9 10 11 12

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>
P	MEZA, FRANCESCA M	1225 PAYNE STEWART DR	<input type="checkbox"/> Add
		DAVENPORT FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Colmenares Linares, Audra Rachel	111 SUNNY OAK TRL	<input checked="" type="checkbox"/> Add
		KISSIMME FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[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

Typed or printed name of signee

Filing Fee: \$25.00