

L23000339433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

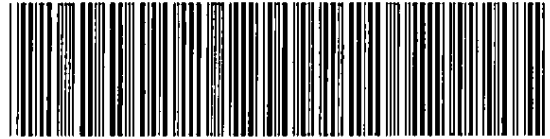
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J. HORNE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Turquoise Mountain Auctioneers 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:

Robert B. Segal

Name of Person

Turquoise Mountain Auctioneers LLC

Firm/Company

2323 NW Padova Street

Address

Port St Lucie, FL 34986

City/State and Zip Code

RBSegal@SEGALandCo.com

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

For further information concerning this matter, please call:

Robert B Segal

772

345-6764

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 03-13-2003 BY 60322
r records.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

[illegible]

[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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000339433

Entity Name: TURQUOISE MOUNTAIN AUCTIONEERS LLC

Current Principal Place of Business:

382 NE 191ST ST #955452
MIAMI, FL 33179

Current Mailing Address:

382 NE 191ST ST #955452
MIAMI, FL 33179 US

FEI Number: 93-2453502

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AUTHORIZED MEMBER/MANAGER
Name	CHASE, MARY R	Name	SEGAL, ROBERT BORUCH COL
Address	382 NE 191ST ST #955452	Address	382 NE 191ST ST #955452
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT B SEGAL

**AUTHORIZED
MEMBER/MANAGER**

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date