

L241000275336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

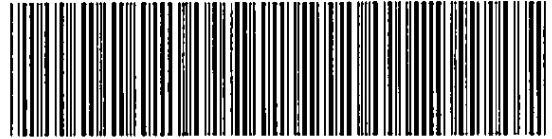
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG -8 PM 11:03
FRI JUL 26 2024
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CUBAN'S BITES CATERING, LLC

DOCUMENT NUMBER: L24000275336

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yemelin Perez

Name of Contact Person

Firm/ Company

121 East 53 Terrace

Address

Hialeah, FL 33013

City/ State and Zip Code

cubanbitescatering@gmail.com

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

For further information concerning this matter, please call:

Yemelin Perez

Name of Contact Person

at (786)

237-1380

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

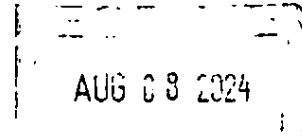
☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2024

YEMELIN PEREZ
121 E 53RD TER
HIALEAH, FL 33013

SUBJECT: CUBAN'S BITES CATERING, LLC
Ref. Number: L24000275336

We have received your document for CUBAN'S BITES CATERING, LLC and your check(s) totaling \$35.00. 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) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 724A00016336

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cuban's Bites Catering, 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:

Yemelin Perez
Name of Person

Firm/Company

Address

City/State and Zip Code

yemelin@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yemelin Perez at (786) 237-1380
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 &
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

Cuban's Bites Catering, LLC

If Changing Registered Agent, Signature of New Registered Agent

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.

Dated July 29, 2024

Signature of a member or authorized representative of a member

YEMELIN PEREZ
Typed or printed name of signee

Filing Fee: \$25.00