

M130000000634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
15 APR -7 PM12:20
TALLAHASSEE, FLORIDA

APR - 8 2015

T. BROWN

6306

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Axel Enterprises, LLC**

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Brave

Name of Person

Axel Enterprises of Tampa Bay, LLC

Firm/Company

5209 2nd Ave. N

Address

St. Petersburg, FL 33710

City/State and Zip Code

dan@expertmoltest.com

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

For further information concerning this matter, please call:

Dan Brave

Name of Person

at (**727**) **321.9296**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2015

DAN BRAVE
AXEL ENTERPRISES OF TAMPA BAY, LLC
5209 2ND AVE N
ST PETERSBURG, FL 33710

SUBJECT: AXEL ENTERPRISES OF TAMPA BAY, LLC
Ref. Number: M13000000634

15 APR -7 AM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

We have received your document for AXEL ENTERPRISES OF TAMPA BAY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 715A00006184

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

FILED
15 APR - 7 PM 12:20
TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Axel Enterprises of Tampa Bay, LLC

2. The Florida document number of this limited liability company is: M13000000634

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 1/30/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

5209 2nd Ave. N

Enter Florida Street Address

St. Petersburg, Florida 33710

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

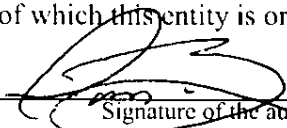
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Dan Brave</u>	<u>5209 2nd Ave. N, St. Petersburg, F</u>	<input checked="" type="checkbox"/> Add
		<u>5209 2nd Ave. N, St. Petersburg, F</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Lisa J Brave</u>	<u>5209 2nd Ave. N, St. Petersburg, F</u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Dan Brave

Typed or printed name of signee

Filing Fee: \$25.00