

M1600000 6885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

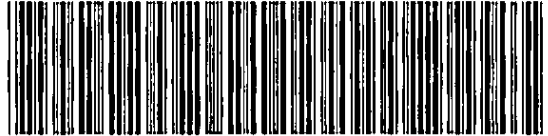
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/25/18--01033--00 **105.00

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2018 JUN 12 AM 9:01
ALABAMA SECRETARY OF REVENUE

JUN 15 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pete Vicari General Contractor, L L C
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:

Barbara T Vicari

Name of Person

Pete Vicari General Contractor, L L C

Firm/Company

1900 Destrehan Avenue

Address

Harvey, LA 70058

City/State and Zip Code

barbara@petevicari.com

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

For further information concerning this matter, please call:

Barbara Vicari

Name of Person

at (504) 347-1196

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



JUN 05 2018

11:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2018

BARBARA T VICARI
1900 DESTREHAN AVE
HARVEY, LA 70058

SUBJECT: PETE VICARI GENERAL CONTRACTOR, L.L.C.
Ref. Number: M16000006885

We have received your document for PETE VICARI GENERAL CONTRACTOR, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The business is already existing, you are not creating a new one.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 018A00011131

2018 JUN 12 AM 8:01
JUN 12 2018
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
JUN 12 PM 12:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN 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: Pete Vicari General Contractor, L.L.C.

Enter new principal office address, if applicable:

☒ (Principal office address

MUST BE A STREET ADDRESS)

1900 Destrehan Avenue

Harvey, LA 70058

☒ Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000006885

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: August 25, 2016

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

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 603, 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.

Bree Zahner
If Changing Registered Agent, Signature of New Registered Agent

Bree Zahner, Assistant Secretary

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

Barbara T Vicari
Signature of the authorized representative

Barbara T Vicari

Typed or printed name of signee

Filing Fee: \$25.00

