

104000049485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

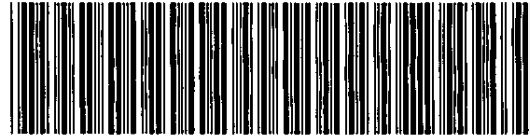
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/11/14--01009--008 \*\*25.00

SECRETARY OF STATE  
FALLS CHURCH, VIRGINIA

2014 MAR 10 AM 9:24

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MAR 11 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2014

JOSEPH A. PORRELLO  
JOSEPH A. PORRELLO, P.A.  
7875 SW 104TH STREET, SUITE 103  
MIAMI, FL 33156

SUBJECT: GARCIA FAMILY COMPANY, LLC  
Ref. Number: L04000049485

We have received your document for GARCIA FAMILY COMPANY, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P09000045185.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 114A00003245

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Garcia Family Company, 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:

Joseph A. Porrello

Name of Person

Joseph A. Porrello, P.A.

Firm/Company

7875 SW 104th Street, Suite 103

Address

Miami, FL 33156

City/State and Zip Code

rlopezallure@gmail.com

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

For further information concerning this matter, please call:

Joseph A. Porrello

Name of Person

at (305) 374-0092

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

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TALLAHASSEE FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
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NOTICE OF CANCELLATION  
OF INSURANCE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 26<sup>th</sup> 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Onelio Garcia, Jr., M.D.**

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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