

L11000117477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

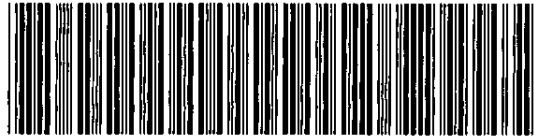
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G. MCLEOD

MAR 29 2012

EXAMINER

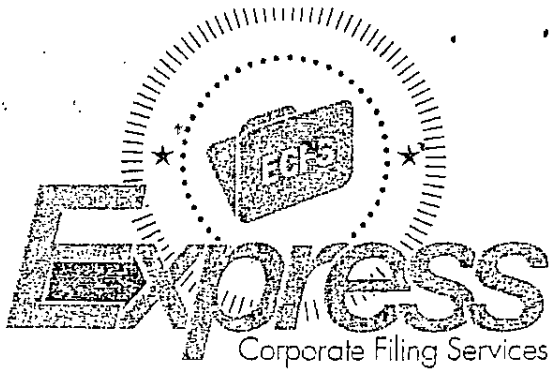


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1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. San Flomar, LLC (Corporation Name)      (L1100011747) (Document #)
2. \_\_\_\_\_ (Corporation Name)      \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name)      \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name)      \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



If amending the Managers or Managing Members on our records, enter the title, name, and address of each M or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A.</u>
<u>MGR</u>	<u>MARIA M CASTAGNINO</u>	<u>150 SE 2ND AVENUE SUITE 1110</u> <u>MIAMI FLORIDA 33131</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

THE NEW ADDRESS FOR JORGE A SEGHESSO WILL BE

150SE 2ND AVENUE SUITE 1110 MIAMI,FLORIDA 33131

Dated MARCH 23, 2012



Signature of a member or authorized representative of a member

JORGE A SEGHESSO

Typed or printed name of signee