

L17000046372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

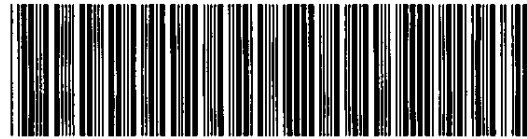
(Business Entity Name)

(Document Number)

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ST. JOSEPH COUNTY CLERK
JULY 15 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **YULE USA 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:

NIRVANDO BATISTA

Name of Person

TAX CONTROLLER INC

Firm/Company

750 E SAMPLE RD BLDG 3 BAY 5

Address

POMPANO BEACH FL 33064

City/State and Zip Code

JR@TAXCONTROLLER.COM

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

For further information concerning this matter, please call:

NIRVANDO BATISTA

Name of Person

at **(954) 3011848**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

YULE USA LLC

Page 1 of 3

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>
MGR	NILTON ROMANCINI JUNIOR	109 TUSCANA COURT # 306	☒ Add
		NAPLES FL 34119	☐ Remove
MGR	ALISSANDRA PRADO	109 TUSCANA COURT # 306	☒ Add
		NAPLES FL 34119	☐ Remove
MGRM	ALISSANDRA PRADO	109 TUSCANA COURT # 306	☐ Add
		NAPLES FL 34119	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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 08/11/14, _____.



Signature of a member or authorized representative of a member

ALISSANDRA PRADO

Typed or printed name of signee

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Filing Fee: \$25.00

16 AUG 11 12:05
2014