

L18000280269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

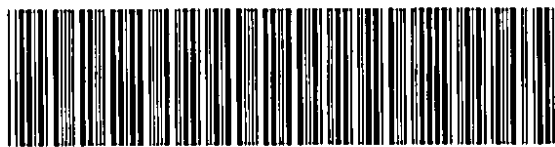
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

2018 DEC 19 PM 1:44

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12/19/18--01007--032 **25.00

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S. PRATH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRIADERO LUXO CAUJARAL, 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:

JAIME A. OCHOA

Name of Person

CRIADERO LUXO CAUJARAL, LLC.

Firm/Company

7900 HARBOR ISLAND DRIVE # 615

Address

NORTH BAY VILLAGE, FLORIDA. 33141

City/State and Zip Code

criaderoluxocaujaral@gmail.com

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

For further information concerning this matter, please call:

JAIME A. OCHOA

786 477-0428
at ()

Name of Person

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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
		_____	<input type="checkbox"/> Remove
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