## M10000002181

(Requestor's Name)	
(Address)	
(11031.555)	
(Address)	
(City/State/Zip/Phone #)	
(011)/01410/21[0/1 /1010 11]	
PICK-UP WAIT MAIL	
(Business Entity Name)	
M1-2/6/ (Document Number)	
(Document Number)	
Continue Continue Continue of Otal	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Operial instructions to 1 ming Officer.	
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Office Use Only



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08/09/10--01010--004 \*\*25.00



N. CAUSSEAUX

AUG 3 0 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2010

ALVARO MIGUEL DIEZ 1691 MICHIGAN AVE. STE #415 MIAMI, FL 33139

SUBJECT: ARISTA USA, LLC Ref. Number: M10000002181

We have received your document for ARISTA USA, 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):

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

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) 245-6094.

Letter Number: 310A00019737

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ARISTA USA, LLC.		
Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ALUARO MIGUEL DREZ.		
Name of Person		
Firm/Company		
1691 MICHIGAN AVE - STE #415 Address		
Address		
City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
PAOLA WPEZ at (305)444-8800.		
Name of Person Area Code and Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
S25 Filing Fee \$\ \text{\$\subseteq}\$\$30 Filing Fee & \text{\$\subseteq}\$\$\$55.00 Filing Fee & \text{\$\subseteq}\$\$\$\$\$60 Filing Fee, \text{\$\center}\$\$\$Certificate of Status & \text{\$\center}\$\$\$\$\$Certificate of Status & \text{\$\center}\$\$\$\$\$Certified Copy		

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida  SA, LLO.
2. This entity was formed under the laws of	: FLOPIDA .
3. This entity was authorized to transact bus and its Florida document/registration number	siness in Florida on 5/13/10. er is M 10000002/181.
4. The name and address of each manager of	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ENDIQUE ASTIER YEREQUI. CALLE PORDETXE. 87:424. SAN SEIDASTIAN, SPAIN 20018.
MGR	ANARO MIGUEL DEZ. 5600 COULUS AVE. APT# 10H. MANUI COENCH, FL 33140.
	SECALLA AU
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	A IF
Required Signature:  Signature of Manager,	Managing Member or Member

Filing Fee: \$25