

L05000047430 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

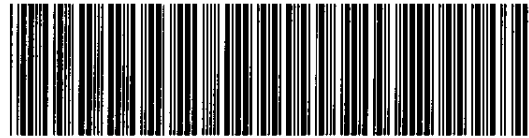
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL ARBOR FLORIDA

11 OCT 20 11 19:42

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B. BOSTICK

OCT 21 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.G. PLACE INVESTMENTS 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:

ELENA MONIZ

Name of Person

ELENA MONIZ PA

Firm/Company

18331 PINES BLVD #149

Address

PEMBROKE PINES FL 33029

City/State and Zip Code

moniz2807@hotmail.com

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

For further information concerning this matter, please call:

ELENA MONIZ

Name of Person

at (**754**)

422-3722

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

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11 OCT 20 AM 10:42
STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager 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 Action</u>
MGRM	DUBRASKA GONCALVES	10749 NW 70th Ln Miami, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ABEL D GONCALVES	10749 NW 70th Ln Miami, FL 33178	<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

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

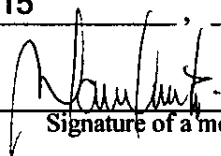
Listing of Members and Participation:

Maribel Duarte de Goncalves: Ninety five percent participation (95%)

Dubraska Goncalves: Two and half percent participation (2.5%)

Abel D Goncalves: Two and half percent participation (2.5%)

Dated October 15, 2011



Signature of a member or authorized representative of a member

Maribel Duarte de Goncalves

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA