

U12000105864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2012 NOV -9 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

NOV 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2012

ANGEL CORDOVA  
782 N.W. 42 AVE #340  
MIAMI, FL 33126

SUBJECT: INTERINVESTMENTS PARTNERS GROUP LLC  
Ref. Number: L12000105864

We have received your document for INTERINVESTMENTS PARTNERS GROUP LLC and your check(s) totaling \$35.00. 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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 112A00024015

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV -9 AM 9:00

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERINVESTMENTS PARTNERS GROUP 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:

ANGEL D CORDOVA

Name of Person

ANGEL D CORDOVA & CO

Firm/Company

78 N.W. 42 AVENUE #340

Address

MIAMI, FL 33126

City/State and Zip Code

ALINA@ACORDOVA.COM

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

For further information concerning this matter, please call:

ANGEL D CORDOVA

Name of Person

at ( 305 )

444-5511

Area Code & Daytime Telephone Number

*Re Submitting - See letter attached*

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV -9 AM 9:00

FILED

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 2

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         | ANDRES MAURICIO SANG | 19400 TURNBERRY WAY APT 1531<br>AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

N/A

Dated

11/15/2012

Signature of a member or authorized representative of a member

ISABELLA JIMENEZ, MANAGER

Typed or printed name of signee