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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAY 21 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CLARIDGE DISTRIBUTION 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:

Vanessa Elmaleh

Name of Person

CILS INC

Firm/Company

407 Lincoln Road Suite 12F

Address

Miami Beach FL 33139

City/State and Zip Code

attorney.velmaleh@gmail.com

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

For further information concerning this matter, please call:

Vanessa Elmaleh

Name of Person

786 423 3838

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

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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

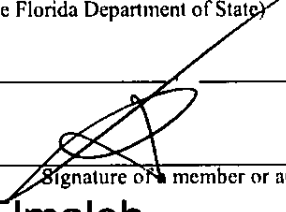
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CLARIDGE INVESTMENT MORIDA LLC	407 LINCOLN RD	☐ Add
		MIAMI, FL 33139 US	☒ Remove
MGRM	CLARIDGE INVESTMENT FLORIDA LLC	407 LINCOLN RD	☒ Add
		MIAMI, FL 33139 US	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ 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 **5/7/2014**



Signature of a member or authorized representative of a member

Vanessa Elmaleh

Typed or printed name of signee

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Filing Fee: \$25.00

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