

216000185438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

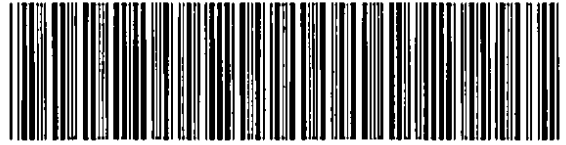
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY SIMMONS

SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARABENS DEVELOPERS 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:

ALEX D. SIRULNIK

Name of Person

ALEX D. SIRULNIK, P.A.

Firm/Company

2199 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADS@SIRULNIKLAW.COM

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

For further information concerning this matter, please call:

ALEX D. SIRULNIK

305 443-7211
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>
AMB	JUAN PABLO COPUSHIAN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	LUCIANO MIGUEL GESUITI		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	JUAN PABLO COPUSHIAN	10349 NW 77TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMB	LUCIANO MIGUEL GESUITI	10349 NW 77TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-19-2008 BY 60322 UCBAW

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all an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated AUGUST 31st 2018

Signature of a member or authorized representative of a member

LUIGI MIGUEL GESUITI, AUTHORIZED MEMBER

Typed or printed name of signee