

7

L04000018243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L04-18243

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 23 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 23 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGO TOWING & RECOVERY, 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:

PERMIT DEPARTMENT

Name of Person

SIMPLEX GROUP

Firm/Company

5800 NW 74TH AVE

Address

MIAMI, FL 33166

City/State and Zip Code

diontero@simplexgroup.net

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

For further information concerning this matter, please call:

Ramon A Aguilera
Name of Person

at (786) 290-4665 or 305-345-4288
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2012

RAMON A AGUILERA
799 EAST 29TH STREET
HIALEAH, FL 33013

SUBJECT: CHANGO TOWING & RECOVERY, LLC
Ref. Number: L04000018243

We have received your document for CHANGO TOWING & RECOVERY, LLC and your check(s) totaling \$43.75. 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 612A00000439

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
records.)

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

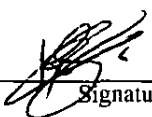
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
		N/A	<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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated January 17, 2012


 Signature of a member or authorized representative of a member
 MANAGER Ramon A Aguilera
 Typed or printed name of signee