

L05000095174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

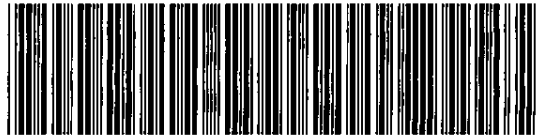
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900163018499

11/23/09--01042--018 **60.00

FILED
2009 NOV 23 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.D.E.X., USA 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:

DORA R. GOMEZ, ESQ.

Name of Person

LAW OFFICES OF DORA R. GOMEZ, P.A.

Firm/Company

15450 NEW BARN RD. #302,

Address

MIAMI LAKES, FL. 33014

City/State and Zip Code

lodoragp@aol.com

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

For further information concerning this matter, please call:

DORA R. GOMEZ, ESQ.

Name of Person

at (305)

822-1230

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

FILED

2009 NOV 23 PM 1:31

~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

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

_____	_____	_____	<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.)*

Dated November 4, 2009

Signature of a member or authorized representative of a member

Gaston Eduardo Dominguez Moreno

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
2009 NOV 23 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA