

LD60000037511

(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



900250885519

FILED
2013 AUG 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

08/21/13--01006--007 **25.00

AUG 22 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIBE, 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:

ELENA GABARAIN

Name of Person

ELIBE, LLC

Firm/Company

444 BRICKELL AVE., SUITE 828

Address

MIAMI, FL 33131

City/State and Zip Code

fabio_alfonso@yahoo.com

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

FILED
2009 AUG 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FABIO ALFONSO

Name of Person

at 305 416-3040

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

ELIBE, LLC

Page 1 of 3

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>
MGR	GUSTAVO ELIZALDE	444 BRICKELL AVE., SUITE 828	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	ELENA GABARAIN	444 BRICKELL AVE., SUITE 828	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<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

FILED
2019 AUG 21 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Dated AUGUST 19, 2013

Signature of a member or authorized representative of a member

ELENA GABARAIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA