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TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 23 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAQUERIA LA SALCITA 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:

**ADRIANA AGUILAR RIOS**

Name of Person

**TAQUERIA LA SALCITA LLC**

Firm/Company

**182 NE ESTIA LN**

Address

**PORT ST LUCIE, FL 34983**

City/State and Zip Code

**NONE**

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

For further information concerning this matter, please call:

**ADRIANA AGUILAR RIOS**

Name of Person

at **(772) 323-1863**

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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TALLAHASSEE, FLORIDA

TAQUERIA LA SALCITA LLC

(A Florida Limited Liability Company)

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>
MGR	JOSE RIOS	182 NE ESTIA LN	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34983	<input checked="" 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.)

Mailing Address: 182 NE ESTIA LANE  
PORT ST. LUCIE, FL 32983

Dated 12/17/2010, \_\_\_\_\_.

ADRIANA AGUILAR RIOS, R.A.  
Signature of a member or authorized representative of a member

ADRIANA AGUILAR RIOS

Typed or printed name of signee

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