

L07 000031253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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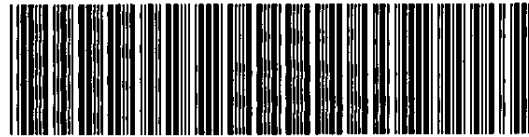
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ES-ALBA 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:

LISANDRO ALBARRACIN

Name of Person

ES-ALBA LLC

Firm/Company

18475 NW 52 PATH

Address

MIAMI GARDENS , FL ,33055

City/State and Zip Code

lisandroalba@yahoo.com

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

For further information concerning this matter, please call:

Lisandro Albarracin

Name of Person

at ( 786 )

436-4182

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

**ES-ALBA LLC**

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>
<u>MGRM</u>	<u>GRACIELA V. ESCUREDO</u>	<u>18475 NW 52 PATH</u>	<input type="checkbox"/> Add
		<u>MIAMI GARDENS, FL 33055</u>	<input checked="" type="checkbox"/> Remove
<u>/</u>	<u>/</u>	<u>/</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>/</u>	<u>/</u>	<u>/</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>/</u>	<u>/</u>	<u>/</u>	<input type="checkbox"/> Add
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<u>/</u>	<u>/</u>	<u>/</u>	<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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/

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Dated MAY 12, 2011.

  
Signature of a member or authorized representative of a member

GRACIELA V. ESCUREDO

Typed or printed name of signee