

**L08000079020**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

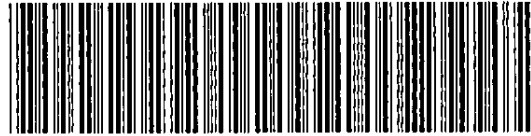
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Principal  
Address  
Change*

**C. LEWIS**

**AUG 18 2010**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELEN UNLIMITED LLC,  
Name of Limited Liability Company

Enter new principal offices address, if applicable:

The *er* (*Principal office address MUST BE A STREET ADDRESS*)

Please

2645 Regent Ave.  
Orlando, FL 32804

CESAR R ABUCHAR

Name of Person

BELEN UNLIMITED, LLC

Firm/Company

2473 HURON CIRCLE

Address

KISSIMMEE, FL 34746

City/State and Zip Code

belenunlimited@live.com

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

For further information concerning this matter, please call:

Lilian Rosy Abuchar

Name of Person

at ( 321 )

443-9658

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