

L08000081500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

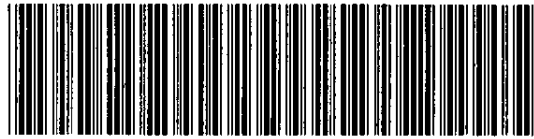
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 03 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REVC-The Moors 6006, 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:

Alberto M. Aguiar  
(Name of Person)

Aguiar & Company, P.A.  
(Firm/Company)

6500 Cow Pen Road Suite 202  
(Address)

Miami Lakes, FL 33014  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Alberto M. Aguiar at ( 305 ) 558-8964  
(Name of Person) (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



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

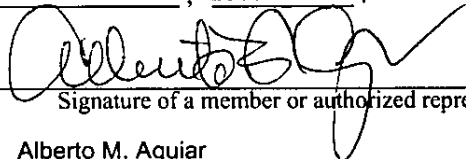
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ruben Venture Capital, LLC	8416 NW 201 Street Miami, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rubal Venture Capital, LLC	8416 NW 201 Street Miami, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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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 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated August 27, 2008



Signature of a member or authorized representative of a member

Alberto M. Aguiar

Typed or printed name of signee