

LOS 000109745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 JUN 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 14 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRANSWORLD DEVELOPERS 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:

MS LILY TRAN

Name of Person

TRANSWORLD DEVELOPERS LLC

Firm/Company

2801 NW 74 STE 170

Address

MIAMI FL 33122

City/State and Zip Code

LILY@TRANSWORLD-DEVELOPERS.COM

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

For further information concerning this matter, please call:

MS LILY TRAN

Name of Person

at (**201**)

4915959

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

TRANSWORLD DEVELOPERS 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>
MGR	ROBERTO CASARIEGO	2801 NW 74 AVE STE 170 MIAMI FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AARON CASARIEGO	2801 NW 74 AVE STE 170 MIAMI FL 33122	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 06/08, 2011



Signature of a member or authorized representative of a member
MS. LILY TRAN

Typed or printed name of signee