

L0900000/742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

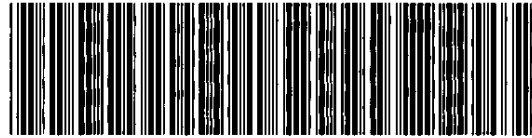
Special Instructions to Filing Officer:

A. LUNT

MAY 14 2009

EXAMINER

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05/13/09--01012--010 **25.00

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2009 MAY 13 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st. CARIBBEAN UNITED BUSINESS GROUP, 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:

BASIL L. DALLAS

Name of Person

1st. CARIBBEAN UNITED BUSINESS GROUP, LLC

Firm/Company

18301 NW 2ND CT

Address

MIAMI, FL 33169-4443

City/State and Zip Code

bldallas@bellsouth.net

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

For further information concerning this matter, please call:

Basil L. Dallas

Name of Person

at (305)

655-0013

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

1st. CARIBBEAN UNITED BUSINESS GROUP, .LLC
(Name of the Limited Liability Company as it now appears on our records.)
 (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>
MGRM	Basil L. Dallas	18301 NW 2nd Ct. Miami, FL 33169	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 11, 2009

Johnson

Signature of a member or authorized representative of a member

L. Johnson

Typed or printed name of signee