

L09000038268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

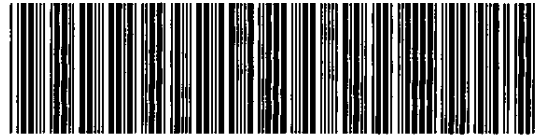
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700180623347

05/13/10--01010--008 **25.00

FILED
10 MAY 13 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 14 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G.Cisneros Insurance Agency, 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:

Gustavo A. Cisneros

Name of Person

Firm/Company

1700 Ponce De Leon Blvd

Address

Coral Gables, FL 33134

City/State and Zip Code

GusCisneros@me.com

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

For further information concerning this matter, please call:

Gustavo A. Cisneros

Name of Person

at (305)

826-8222

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

G. Cisneros Insurance Agency, 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>
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
MAY 13 2010
STATE
TREASURER
FLORIDA

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

Please add my FEI number 80-0437437

Dated May 11, 2010

Signature of a member or authorized representative of a member

Gustavo A. Cisneros

Typed or printed name of signee