

L09000053363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN 26 PM 3:29

T. HAMPTON

JUN 29 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SELECT INTERNATIONAL ADVISORS 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:

MARTHA GUERRA

Name of Person

SELECT INTERNATIONAL ADVISORS LLC

Firm/Company

11482 NW 79 LANE

Address

MIAMI FL 33178

City/State and Zip Code

MARTHA\_GUERRA@YAHOO.COM

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

For further information concerning this matter, please call:

MARTHA GUERRA

Name of Person

at ( 305 )

588-2747

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUN 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 16, 2009

MARTHA GUERRA  
11482 NW 79 LANE  
MIAMI, FL 33178

SUBJECT: SELECT INTERNATIONAL ADVISORS LLC  
Ref. Number: L09000053363

We have received your document for SELECT INTERNATIONAL ADVISORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00020407



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:

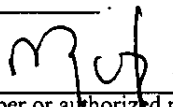
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JESUS ROLDAN	11482 NW 79 LANE MIAMI FL 33178	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6-23-09, \_\_\_\_\_



Signature of a member or authorized representative of a member

MARTHA GUERRA

Typed or printed name of signee

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DIVISION OF CORPORATIONS  
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