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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUL 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFERVAR INTERNATIONAL 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:

FRANCISCO FERNANDEZ
Name of Person

INFERVAR INTERNATIONAL LLC
Firm/Company

2017 S OCEAN DR. #610
Address

HALLANDALE, FL 33009
City/State and Zip Code

ffernandez222@gmail.com
E-mail address: (to be used for future annual report notification)

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09 JUL -8 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FRANCISCO FERNANDEZ at (786) 222-7773
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

INFERVAR INTERNATIONAL 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>
MGRM	BRISSA GONZALEZ	2017 S OCEAN DR. #610 HALLANDALE, FL 33009	<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.)*

NA

Dated JULY 6, 2009

Signature of a member or authorized representative of a member

FRANCISCO FERNANDEZ

Typed or printed name of signee