

LO90000 72390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

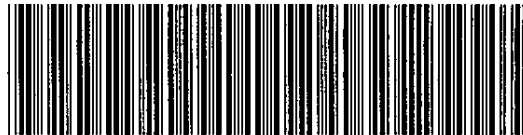
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 04 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APEIRON INVETMENTS 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:

LEONARDO SALGUERO

Name of Person

APEIRON INVETMENTS LLC

Firm/Company

8606 NW 70<sup>TH</sup> STREET

Address

MIAMI, FL 33166

City/State and Zip Code

LSALGUERO@NEXOCOMPUTER.COM

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

For further information concerning this matter, please call:

LEONARDO SALGUERO

Name of Person

at (305) 715-9031

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

APEIRON INVESTMENTS 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

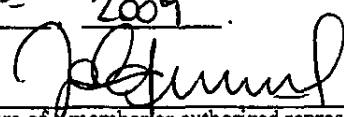
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>SALGUERO, OCTAVIO A</u>	<u>8606 NW 70<sup>TH</sup> STREET</u> <u>MIAMI, FL 33166</u> <u>USA</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>LORAY, SABRINA M</u>	<u>8606 NW 70<sup>TH</sup> STREET</u> <u>MIAMI, FL 33166</u> <u>USA</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

Dated JULY 31<sup>ST</sup> 2009



Signature of a member or authorized representative of a member

SALGUERO, LEONARDO V.

Typed or printed name of signee