

L09000075220

(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**

DEC -9 2011

**EXAMINER**

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2011 DEC -8 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2011

PATRICK MOYAL  
10796 PINES BLVD. SUITE 204  
PEMBROKE PINES, FL 33026

SUBJECT: TOP TEAM MIRAMAR, LLC  
Ref. Number: L09000075220

We have received your document for TOP TEAM MIRAMAR, 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):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 211A00025856



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2011

PATRICK MOYAL  
10796 PINES BLVD. SUITE 204  
PEMBROKE PINES, FL 33026

SUBJECT: TOP TEAM MIRAMAR, LLC  
Ref. Number: L09000075220

We have received your document for TOP TEAM MIRAMAR, 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):

You failed to make the correction(s) requested in our previous letter.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 711A00026989

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOP TEAM MIRAMAR 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:

**PATRICK MOYAL**

Name of Person

**MOYAL ACCOUNTING SERVICES INC**

Firm/Company

**10796 PINES BLVD SUITE 204**

Address

**PEMBROKE PINES, FLORIDA 33026**

City/State and Zip Code

**MOYALACCOUNTING@GMAIL.COM**

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

For further information concerning this matter, please call:

**PATRICK MOYAL**

Name of Person

at ( 954 )

**430-3930**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC -8 PM 3:09

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**TOP TEAM MIRAMAR 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>
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

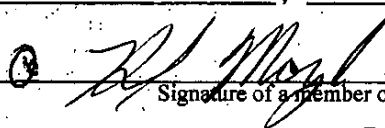
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE MEMBER'S equity WILL BE:

DAVID MOYAL 85%

WILSON GOUVEIA 15%

Dated NOVEMBER 8, 2011



Signature of a member or authorized representative of a member

DAVID MOYAL

Typed or printed name of signee

2011 DEC 8 PM 3:09  
SECRETARY OF  
TALLAHASSEE FLORIDA

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