

L09000076558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

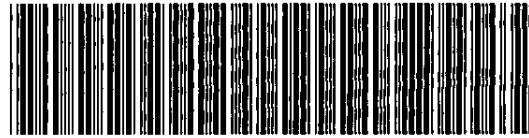
Special Instructions to Filing Officer:

A. LUNT

DEC 30 2010

EXAMINER

Office Use Only



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10/12/10--01009--015 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 29 PM 5:42

FILED

COVER LETTER

DATE: September 23, 2010

Re: **Amendment of Name of Florida Limited Liability Corporation**

Note: Please find the attached forms to amend the name of SEVILLANO, LLC

Phone Number: 786-797-1375

Return Address: 941 Algaringo Ave

Coral Gables, FL 33134



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2010

DIANA SEVILLANO
941 ALGARINGO AVE.
CORAL GABLES, FL 33134

SUBJECT: SEVILLANO, LLC
Ref. Number: L09000076558

2010 DEC 29 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for SEVILLANO, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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: 010A00024358

November 5, 201

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

As the previous owner of MOMEAME, LLC, I am writing this letter to confirm that I have no intention of revoking the dissolution of this entity, and therefore I release the name for use to another entity.

Should there be any questions, please contact me at 786-797-1375.

A handwritten signature in black ink, appearing to read "Diana Sevillano". The signature is fluid and cursive, with a large loop at the end of the last name.

Diana Sevillano

941 Algaringo Ave.

Coral Gables, FL 33134



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2010

DIANA SEVILLANO
941 ALGARINGO AVE.
CORAL GABLES, FL 33134

SUBJECT: SEVILLANO, LLC
Ref. Number: L09000076558

2010 DEC 29 PM 5:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SEVILLANO, 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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: 910A00028066

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEVILLANO, 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:

Diana Sevillano

Name of Person

Firm/Company

941 Algaringo Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

ddelatorriente@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 29 PM 5:42

FILED

For further information concerning this matter, please call:

Diana Sevillano

Name of Person

at (786)

797-1375

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

SEVILLANO, 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:

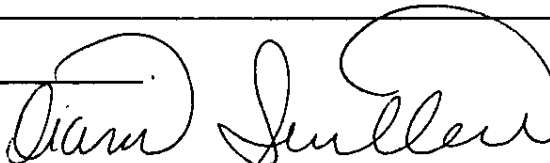
MGR = Manager
MGRM = Managing Member

<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
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_____	_____	_____	<input type="checkbox"/> Remove

2016 OCT 29 PM 4:42
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated _____,



Signature of a member or authorized representative of a member

Diana Sevillano

Typed or printed name of signee