

LD9000076792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

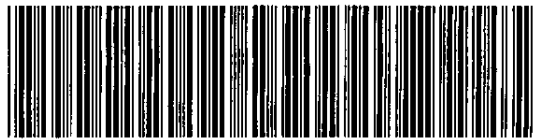
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins AUG 31 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERNAIZ VERRATTI INTERNATIONAL L L C
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:

LUZ ESPITIA

Name of Person

E & F LATIN GROUP L.L.C.

Firm/Company

2645 EXECUTIVE PARK DRIVE SUITE 131

Address

WESTON, FL 33331

City/State and Zip Code

eflatncont@hotmail.com

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

For further information concerning this matter, please call:

LUZ ESPITIA

Name of Person

at (955)

384-85-65

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

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LLC
(our records.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	VERRATI LOREDANA	1108 Golden Cane Dr Weston, FL 33327	☐ Add ☒ Remove
MGRM	LOREDANA VERRATTI	1108 Golden Cane Dr Weston, FL 33327	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

N/A

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 TALLAHASSEE FLORIDA

Dated August 14, 2009

Signature of member or authorized representative of a member

HECTOR M. HERNALZ

Typed or printed name of signee