

L1000000768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

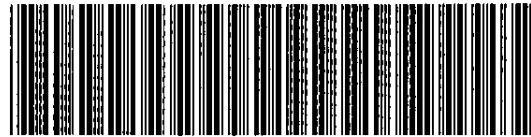
Special Instructions to Filing Officer:

L. SELLERS

SEP 14 2011

EXAMINER

Office Use Only



600211802076

09/13/11--01017--007 **30.00

SEP 13 2011
1:41 PM
STATE OF FLORIDA

SEP 13 PM 5:31

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MABECOZA TRADING 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:

Albert Corrada

Name of Person

Albert Corrada CPA

Firm/Company

2655 LeJeune Road Suite 902

Address

Coral Gables, FL 33134

City/State and Zip Code

Acorrada@corrada CPA.com

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

For further information concerning this matter, please call:

Albert Corrada

Name of Person

at (**305**)

804-8569

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

MABECOZA TRADING LLC

(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:

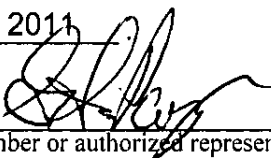
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marcelo Coello	2655 LeJeune Road	<input checked="" type="checkbox"/> Add
		Suite 902	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	
			<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.)*

Dated September 12, 2011



Signature of a member or authorized representative of a member

Grace G. Paez

Typed or printed name of signee