

LI0000079561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

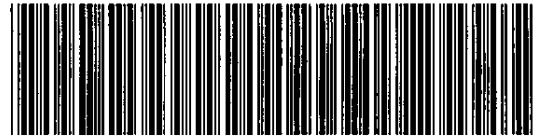
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/10--01021--019 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

SEP - 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2010

LISSETTE SALAZAR, ESQ.
200 CRANDON BLVD., SUITE 311
KEY BISCAYNE, FL 33149

SUBJECT: LO EXCLUSIVO DESIGN LLC
Ref. Number: L10000079561

We have received your document for LO EXCLUSIVO DESIGN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the full name of the individuals you are trying to add.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A00019053

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LO EXCLUSIVO DESIGN 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:

Lisette Salazar, Esq.

Name of Person

Lisette Salazar PA

Firm/Company

200 Crandon Blvd., Suite #311

Address

Key Biscayne, FL 33149

City/State and Zip Code

lpsalazarlaw@aol.com

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

For further information concerning this matter, please call:

Lisette salazar

Name of Person

at (305)

361-6161

Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LO EXCLUSIVO DESIGN 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:

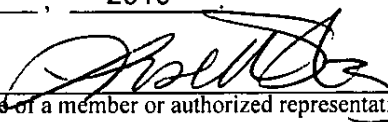
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduviges Callejas	1541 Brickell Ave #C-1208 Miami, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Maria Antonieta Callejas	1541 Brickell Ave # C-1208 Miami, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input 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.)*

Dated August 2nd, 2010



 Signature of a member or authorized representative of a member
 Lisette Salazar, Esq.

 Typed or printed name of signee