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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WZG LETTER OF CREDIT, 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:

GRACE DAVILA-PEREZ
Name of Person

WZG LETTER OF CREDIT, LLC
Firm/Company

14721 SW 159 PL
Address

MIAMI, FL 33196
City/State and Zip Code

DAVILA G@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRACE DAVILA-PEREZ at (305) 969-2100
Name of Person 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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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:

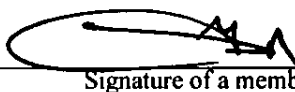
MGR= Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ZOLA A. GARCIA	14501 SW 157 CT MIAMI, FL 33196	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ZOLA A. GARCIA	14501 SW 157 CT MIAMI, FL 33196	<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
			<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 11/30, 2010.



Signature of a member or authorized representative of a member

GRACE DAVILA-PEREZ

Typed or printed name of signee

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TALLAHASSEE FLORIDA