

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC  
Account Number : 120110000083  
Phone : (305) 705-7922  
Fax Number : (786) 353-0976

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KELUCHA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JUL - 5 2012

EXAMINER

7/2/2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KELUCHA, 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:

**VANESSA DURAN**

Name of Person

**ACCOUNTANT & BUSINESS CONSULTANTS, INC**

Firm/Company

**300 ARAGON AVE STE 360**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**INFO@DCCACCOUNTING.COM**

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

For further information concerning this matter, please call:

**VANESSA DURAN**

Name of Person

at ( 305 )

**705 7922**

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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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	EMMA CAMARGO	110 SIDONIA AVE APT 16 CORAL GABLES, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VANESSA DURAN	31 SE 5TH ST APT 3204 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" 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 JUNE 30, 2012

*Maria R Fontalvo*  
Signature of a member or authorized representative of a member

MARIA R FONTALVO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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7/3/2012 8:40:34 AM PAGE 1/001 Fax Server



July 3, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KELUCHA, LLC  
300 ARAGON AVE., SUITE 360  
CORAL GABLES, FL 33134

SUBJECT: KELUCHA, LLC  
REF: L10000108418

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H12000173784  
Letter Number: 512A00017950

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