

L10000108560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

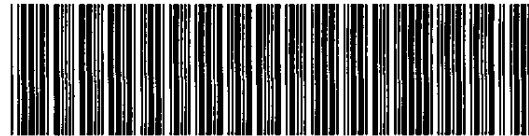
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500187269715

11/09/10--01016--023 **25.00

FILED
10 NOV -9 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/12/10 B

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES 7414 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:

ROBERTO DE BIASE

Name of Person

INVERSIONES 7414 LLC

Firm/Company

6824 NW 77 CT

Address

MIAMI FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERTO DE BIASE

Name of Person

at (786)

9915806

Area Code & Daytime Telephone Number

FILED
10 NOV - 9 PM 12:39
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

INVERSIONES 7414 LLC

Page 1 of 2

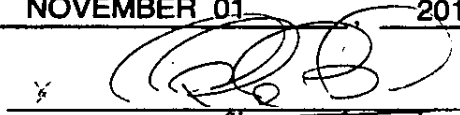
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT DE BIASE	6824 NW 77 CT MIAMI FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FABRIZIO DE BIASE	6824 NW 77 CT MIAMI FL 33166	<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 NOVEMBER 01 2010



Signature of a member or authorized representative of a member

ROBERTO DE BIASE

Typed or printed name of signee

FILED
 10 NOV - 9 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA