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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI CLINICAL RESEARCH INSTITUTE 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:

JOAQUIN ECHAVARRIA

Name of Person

JOAQUIN ECHAVARRIA

Firm/Company

60 NW 37TH AVE APT 708

Address

MIAMI, FL 33125

City/State and Zip Code

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

For further information concerning this matter, please call:

JOAQUIN ECHAVARRIA

Name of Person

at (786)

413-7023

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

MIAMI CLINICAL RESEARCH INSTITUTE 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:

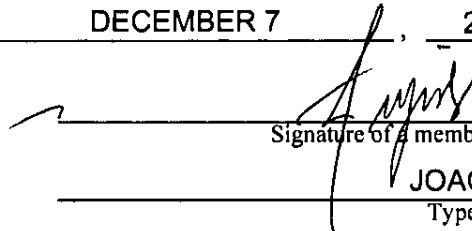
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>JOAQUIN ECHAVARRIA</u>	<u>5035 PALM AVE</u>	☐ Add
		<u>HIALEAH FL 33012</u>	☒ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add
		<u> </u>	☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add
		<u> </u>	☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add
		<u> </u>	☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add
		<u> </u>	☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 7, 2010.



Signature of a member or authorized representative of a member
JOAQUIN HECHAVARRIA

Typed or printed name of signee