

L10000127505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

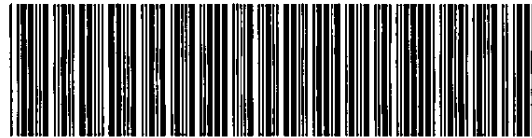
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/21/16--01021--023 \*\*43.75

FILED

16 DEC 12 AM 9:52

DIVISION OF CORPORATIONS

O SIMMONS  
DEC 13 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2016

ANGELA VILLEGAS  
895 NE 125TH ST  
MIAMI, FL 33161

SUBJECT: INTERACTIVE TV SERVICES, LLC  
Ref. Number: L10000127505

RECEIVED  
2016 DEC 12 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for INTERACTIVE TV SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 316A00025092

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERACTIVE TV SERVICES 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:

ANGELA VILLEGAS

Name of Person

Firm/Company

895 NE 125<sup>th</sup> Street

Address

MIAMI, FL 33161

City/State and Zip Code

david@itvservices.net

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

For further information concerning this matter, please call:

David Fischer

Name of Person

at ( 305 ) 482 3338

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID FISCHER	895 NE 125 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAURENT CHEMLA	407 LINCOLN RD	<input type="checkbox"/> Add
		SUITE 8L	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

16 DEC 12 AM 9:52  
DIVISION OF GOVT OPERATIONS

FILED

10 JUL 1964  
DIVISION OF PUBLIC AFFAIRS  
BUREAU OF PRISON

16 DEC 12 AM 9:52  
DIVISION OF CRIMINAL JUSTICE



(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/02/16

Signature of a member or authorized representative of a member

Laurent CHEMLA

Typed or printed name of signee