

L110000006651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

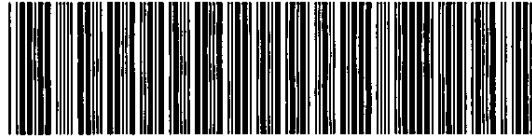
(Document Number)

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

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Office Use Only



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09/16/16--01007--021 \*\*35.00

FILED  
2016 OCT 14 AM 11:35  
CLERK OF COURT  
IN CHIEF, FLORIDA

K. SALY

OCT 14 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 OCT 14 11:10:32

September 27, 2016

ALEJANDRO CARRASCO LLC  
ALEJANDRO CARRASCO  
1920 N 52ND AVE.  
HOLLYWOOD, FL 33021

SUBJECT: ALEJANDRO CARRASCO LLC  
Ref. Number: L11000006651

We have received your document for ALEJANDRO CARRASCO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 516A00020716

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALEJANDRO CARRASCO 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:

ALEJANDRO CARRASCO  
Name of Person

ALEJANDRO CARRASCO LLC  
Firm/Company

1920 N 52nd AVE.  
Address

Hollywood FL. 33021  
City/State and Zip Code

CARRASCOALEX@MAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX CARRASCO at ( 954 ) 663-2539  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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

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TALLAHASSEE, FLORIDA  
1/20/11 and assigned

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company))

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

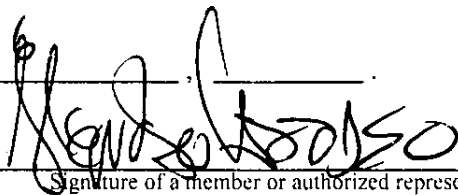
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/4/16



Signature of a member or authorized representative of a member

ALEJANDRO CARRASCO

Typed or printed name of signee