

L110000037311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

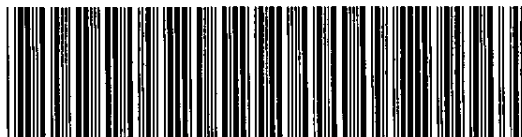
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AUG 10 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Il Esportatore 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:

Juan A. Salva

Name of Person

Il Esportatore LLC

Firm/Company

2603 NW 13th Street, # 337

Address

Gainesville, FL 32609-2835

City/State and Zip Code

abdiel.salva@gmail.com

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

For further information concerning this matter, please call:

Juan A. Salva

Name of Person

at (321) 305-9140

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

IL Esportatore L.L.C.

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MGR = Manager
AMBR = Authorized Member

15 AUG - 8 PM : 25
☐ Add
☒ Change
☐ Remove

ALL INFORMATION CONTAINED
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Dated 1 August, 2015

Juan A. Salva'

Filing Fee: \$25.00