

L11000040844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

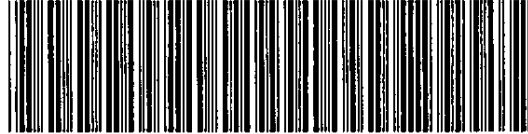
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2015 SEP 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2015
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CIC Funding, 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:

Oswaldo Enrique Romero Vega

Name of Person

CIC Funding, LLC

Firm/Company

10520 NW Street Suite C-101

Address

Doral, Florida 33172

City/State and Zip Code

rromero@cicfund.com

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

For further information concerning this matter, please call:

Oswaldo Enrique Romero Vega at **305** **962-4114**

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

OSWALDO ROMERO
10520 NW 26 STREET SUITE C-101
DORAL, FL 33172

SUBJECT: CIC FUNDING, LLC
Ref. Number: L11000040844

FILED
2015 SEP 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for CIC FUNDING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00018703

CIC Funding, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Oswaldo Romero	10520 NW 26 Street	☐ Add
		Suite C-101	☒ Remove
		Doral, FI 33172	
MGR	Oswaldo Enrique Romero Vega	10520 NW 26 Street	☒ Add
		Suite C-101	☐ Remove
		Doral, FI 33172	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

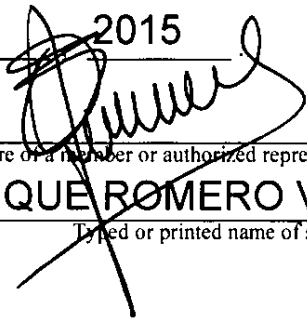
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 SOLICITUD DE ESTADO
 FALTA ASSETE FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **SEPTEMBER 14** **2015**



Signature of a member or authorized representative of a member

OSWALDO ENRIQUE ROMERO VEGA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT
TALLAHASSEE FLORIDA