

L11000042315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

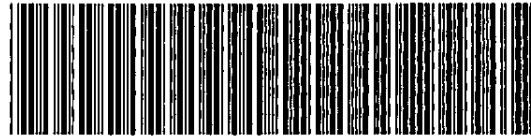
(Business Entity Name)

(Document Number)

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OCT -7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 10 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CU INSPECTIONS MIAMI DADE, 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:

ANABEL MENDEZ

Name of Person

CU INSPECTIONS MIAMI DADE, LLC

Firm/Company

4458 SW 164 AVENUE

Address

MIAMI, FL 33185

City/State and Zip Code

CU.INSPECTION@GMAIL.COM

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

For further information concerning this matter, please call:

ANABEL MENDEZ

Name of Person

at (786)

531 0804

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

FILED
OCT - 7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT - 7 PM 1:00
CLERK OF DISTRICT COURT
HARRISBURG, PA.

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

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>
MGRM	REINALDO REMEDIOS	4458 SW 164 AVE MIAMI, FL 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ORLANDO GRANDAL	4291 SW 84 CT MIAMI, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove


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

Dated 10/04/2011

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 7 PM 1:09

FILED


Signature of a member or authorized representative of a member

ANABEL MENDEZ

Typed or printed name of signee