

#L11000043554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

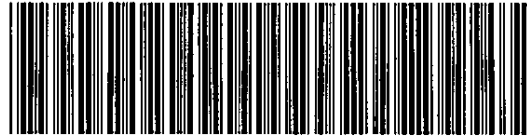
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



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04/29/14--01028--005 **25.00

FILED
2014 MAY 30 PM 1:25
STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN - 4 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

SABRINA ZAMPA
7201 SW 129TH ST.
MIAMI, FL 33156

SUBJECT: ESTATE BOCA LLC
Ref. Number: L11000043554

We have received your document for ESTATE BOCA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 714A00009788

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Estate Boca 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:

Sabrina Zampa

Name of Person

Firm/Company

7201 SW 129th St

Address

Miami FL 33156

City/State and Zip Code

sabrina@zampa.us

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

For further information concerning this matter, please call:

Luigi Negri

Name of Person

at **305 202-1115**

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
2814 MAY 30 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

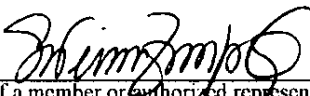
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sabrina C. Zampa	7201 SW. 129 St. Miami Fl. 33156.	☒ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 May 16, 2014



Signature of a member or authorized representative of a member

Sabrina C. Zampa MGR

Typed or printed name of signee