

L11 0000 75454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

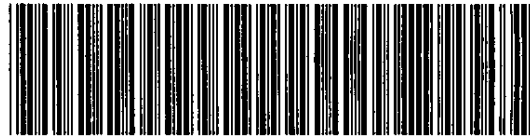
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900248488569

06/20/13--01001--006 \*\*25.00

FILED  
2013 JUN 20 PM 10:52  
SECRETARY OF STATE  
TOLSON, GEORGE A.

JUN 21 2013

T CLINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TOBA CA 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:

**ERICK MALDONADO**

Name of Person

**TOBA CA LLC**

Firm/Company

**4614 N HIATUS RD.**

Address

**SUNRISE, FL 33351**

City/State and Zip Code

**tony.pestano@bssnusa.com**

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

For further information concerning this matter, please call:

**ERICK MALDONADO**

Name of Person

**954 578-0016**

at ( )

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

2013 JUN 20 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

TOBA CA LLC

Page 1 of 3

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	ERICK MALDONADO SR.	4612 N HIATUS RD.	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
MGRM	MARIA BELEN MALDONADO	4612 N HIATUS RD.	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33351	<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

2013 JUN 20 PM 10:52  
CITY OF MIAMI  
OFFICE OF THE CITY CLERK

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

---

---

---

---

Dated 6/18, 2013



Signature of a member or authorized representative of a member

Accountants

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUN 20 PM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399