

L11000088922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

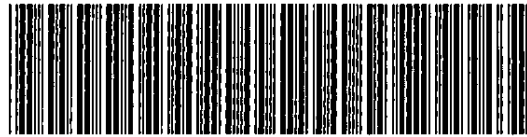
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SHREVEPORT, LOUISIANA
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 11 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vimar Insurance Services, 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:

Margie V. Ferreiro

Name of Person

Vimar Insurance Services, Llc.

Firm/Company

2982 N.W. 93 Street

Address

Miami, FL 33147

City/State and Zip Code

margieverreiro@gmail.com

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

For further information concerning this matter, please call:

Margie V. Ferreiro

Name of Person

at (786)

260-9989

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Vimar Insurance Services, Llc.

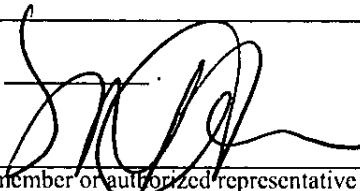
Page 1 of 2

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>
<u>MGR</u>	<u>Lazmar Mora</u> <u>Lazmar Mora</u>	<u>2982 N.W. 93 Street</u> <u>Miami, FL 33147</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Margie V. Ferreiro</u>	<u>2982 N.W. 93 Street</u> <u>Miami, FL 33147</u>	<input type="checkbox"/> Add <input checked="" 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 10/6/2011, 
 Signature of a member or authorized representative of a member
Margie V. Ferreiro
 Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE