

C11 000 105207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

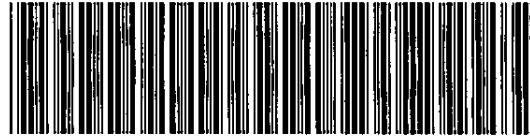
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100266170671

100266170671  
11/10/14--01045--018 \*\*25.00

FILED  
14 NOV 20 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 03 2014

3520  
207



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2014

TAMMY PEREZ  
7005 W 17TH CT  
HIALEAH, FL 33014

SUBJECT: INSPIRE NET LLC  
Ref. Number: L11000108203

We have received your document for INSPIRE NET 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00024434

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INSPIRE NET 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:

**TAMMY PEREZ**

Name of Person

**TABADESA ASSOCIATES**

Firm/Company

**7005 W 17TH CT**

Address

**HIALEAH, FL 33014**

City/State and Zip Code

**tammyp@tabdesa.com**

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

For further information concerning this matter, please call:

**TAMMY PEREZ**

Name of Person

at ( **786** )

**541-8043**

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



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	SHAHANA SHUBIR	112 NW 9TH TERRACE APT 304	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input type="checkbox"/> Remove
MGR	ASIF MAHMOOD	4922 LEEWARD LN	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33312	<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

FILED  
14 NOV 20 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, 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 NOVEMBER 6, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**ASHIQUR R SHUBIR    MANAGER**

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
**14 NOV 20 AM 9:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**