

#L12000005867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

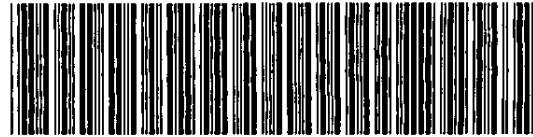
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/19/13--01017--005 \*\*35.00

FILED  
13 JUL - 1 PM 3: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL - 2 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2013

XCLUSIVE AUTO SALE LLC.  
STEVEN TELFORT  
18950 NE 5TH AVE.  
MIAMI, FL 33162

SUBJECT: XCLUSIVE AUTO SALES LLC  
Ref. Number: L12000005867

We have received your document for XCLUSIVE AUTO SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 113A00016121

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Xclusive Auto Sales LLC

Name of Limited Liability Company

ATT: Karen Saly.

I already send a check  
for this I called  
and they told me  
I find out the wrong  
from.  
Thanks,

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Telfort.

Name of Person

Xclusive Auto Sales LLC.

Firm/Company

18950 NE 5th Ave

Address

Miami FL 33162

City/State and Zip Code

dealer.financeservices@gmail.com.

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

For further information concerning this matter, please call:

Steven Telfort

Name of Person

at (305) 834-9077.

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  
13 JUL -1 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

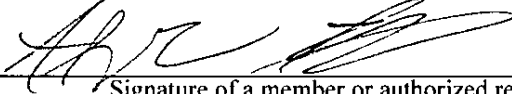
The Zip Code needs to be changed.  
and the mailing zip code to  
(18950 NE 5th Ave)  
(Miami FL 33179)

This is the correct one

Both Mailing & Principal.

Dated

06/28/13.



Signature of a member or authorized representative of a member

Steven Telfort.

Typed or printed name of signee

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Filing Fee: \$25.00