

L12000018047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

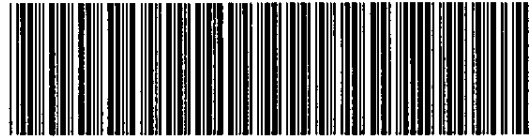
(Business Entity Name)

(Document Number)

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13 FEB 13 AM 11:40  
TALLAHASSEE, FLORIDA

B. BOSTICK  
FEB 14 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **REILE AUTO BODY 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:

**Elier Canizares**

Name of Person

Firm/Company

**1616 N Florida Mango Rd**

Address

**West Palm Beach, FL 33409**

City/State and Zip Code

**reileautobody@hotmail.com**

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

For further information concerning this matter, please call:

**Elier Canizares**

Name of Person

at **(561) 574-6881**

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

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## 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>                      |
|--------------|--------------|---------------------------|--------------------------------------------|
| MGR          | Franco Lopez | 1727 Sawgrass Cir         | <input type="checkbox"/> Add               |
|              |              |                           | <input checked="" type="checkbox"/> Remove |
|              |              | West Palm Beach, FL 33413 |                                            |
|              |              |                           | <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            |
|              |              |                           |                                            |
|              |              |                           | <input type="checkbox"/> Add               |
|              |              |                           | <input type="checkbox"/> Remove            |

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

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Dated

2/8/2013

Signature of a member or authorized representative of a member

Eliar Canizares

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA