

L12000043172

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 14 AM 7:09

B. BOSTICK
OCT 15 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SUNNY WISHES, 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:

LILIANA ALBRECHT

Name of Person

Firm/Company

1486 SANDPIPER CIRCLE

Address

WESTON, FLORIDA 33327

City/State and Zip Code

RONNYLI@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LILIANA ALBRECHT

Name of Person

at (**954**) **8019917**

Area Code & Daytime Telephone Number

2013 OCT 14 AM 7:09
TALLAHASSEE FLORIDA

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

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:

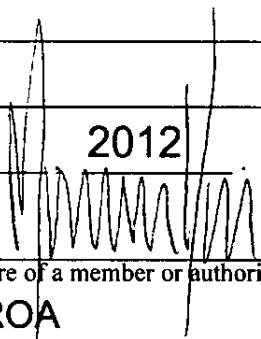
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODRIGO VILLAMIL	1486 SANDPIPER CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
ALAN ASSELTINE
01/30/09 14:44

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

Dated **DECEMBER 31** **2012**



Signature of a member or authorized representative of a member

MARGARITA M ROA

Typed or printed name of signee

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Filing Fee: \$25.00

2013 OCT 14 AM 7:09
TALLAHASSEE, FLORIDA