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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305) 388-7028
Fax Number : (305) 479-2705

Amend.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2013 SEP -9 AM 9:02

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEMBROKE 14064 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SAULSBERRY
EXAMINER

SEP 10 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEMBROKE 14064 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:

Tim Suazo

Name of Person

Alvarez, Suazo & Associates

Firm/Company

13501 SW 128th St Suite 202

Address

Miami, FL 33186

City/State and Zip Code

tim_suazo@yahoo.com

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

For further information concerning this matter, please call:

Tim Suazo/ Lil Suazo

Name of Person

305 388-7028

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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CLERK OF COURT

PEMBROKE 14064 LLC

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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:

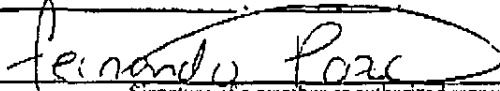
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEJANDRO POZO	2800 S. DOUGLAS ROAD, SUITE 1007	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134-6142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated 09/06/2013



Signature of a member or authorized representative of a member

AURELIO FERNANDO POZO CRESPO

Typed or printed name of signee

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Filing Fee: \$25.00

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