

L12000071810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

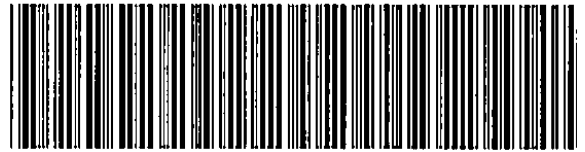
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 JUN 24 PM 2:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NECTAR17BAY, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DAVILSON RODRIGUES

Name of Person

ADR ACCOUNTING SERVICES CORP

Firm/Company

4699 N FEDERAL HWY SUITE 109E

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

TRADUTOR@DAVILSON.COM

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

For further information concerning this matter, please call:

DAVILSON RODRIGUES

954

338-4000

at (_____) _____

Name of Person

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

100-44261

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	FRANCIVON SALINA DE MELLO	1521 ALTON RD #122	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CHELLE GROUP LTD	1521 ALTON RD #122	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	JOAO PAULO DE CILLO PAGOTTO, Sr.	3600 YACHT CLUB DR APT 1701	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOAO PAULO DE CILLO PAGOTTO	3600 YACHT CLUB DR APT 1701	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee