

L12000094008

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

J. SAULSBERRY
EXAMINER

JUL 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH POLE CONSULTING 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:

JUHO MONA

Name of Person

SOUTH POLE CONSULTING LLC

Firm/Company

1001 N. FEDERAL HWY SUITE 307

Address

MAUNSDALE, FL 33009

City/State and Zip Code

rsalinas@rcbs.biz

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

For further information concerning this matter, please call:

ROBERT SALINAS

Name of Person

at (786) 333-9000

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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	MARIA M POMBO	7149 BAY DR, APT # 18	☐ Add
		MIAMI BEACH, FL, 33141	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

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TALLAHASSEE, FL 32302

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

Dated July 23rd, 2013

Julio Mena
Signature of a member or authorized representative of a member

Julio Mena
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000094008

Entity Name: SOUTH POLE CONSULTING LLC

Current Principal Place of Business:

7149 BAY DR
18
MIAMI BEACH, FL 33141

Current Mailing Address:

7149 BAY DR
18
MIAMI BEACH, FL 33141

FEI Number: 46-0611894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REALITY CHECK BUSINESS SOLUTIONS, LLC
1001 N FEDERAL HWY
SUITE 307
HALLANDALE, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Manager/Member Detail Detail :

Title MGRM
Name MORA, JULIO C
Address 7149 BAY DR # 18
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM
Name POMBO, MARIA M
Address 7149 BAY DR
APT # 18
City-State-Zip: MIAMI BEACH FL 33141

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TALLAHASSEE, FLORIDA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIO MORA

MGRM

02/11/2013

Electronic Signature of Signing Manager/Member Detail

Date