

## Florida Department of State

**L12000100282**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DESPACHANTE BRASILEIRO  
 Account Number : I20020000075  
 Phone : (954) 786-7180  
 Fax Number : (954) 786-8250

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 TENNIS SUPPLIES PRO LLC**

Certificate of Status	1
Certified Copy	1
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TALLAHASSEE FL 32307

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TENNIS SUPPLIES PRO LLC / COURT SURFACES PRO, 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:

Juliana Aquilino

Name of Person

Despachante Brasileiro

Firm/Company

3961 N Federal Hwy

Address

Pompano Beach, FL 33064

City/State and Zip Code

WERLEYLEITE@HOTMAIL.COM

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

For further information concerning this matter, please call:

JULIANA AQUILINO

954

786-7180

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

## TENNIS SUPPLIES PRO LLC

11/11/2015 15:56 9547868250

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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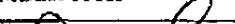
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[illegible]

(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 (3)(b)

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

NOVEMBER 11TH 2015



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$23.00**

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