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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARIMAR AUTO TRANSPORT 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:

MARLENE REVERON

Name of Person

ARIMAR AUTO TRANSPORT LLC

Firm/Company

P.O. BOX 44-2250

Address

MIAMI FLORIDA 33144-2250

City/State and Zip Code

MARLENEREVERON@GMAIL.COM

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

For further information concerning this matter, please call:

MARLENE REVERON

Name of Person

at (786)

258-3577

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

12 OCT 12 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(for records.)

Page 1 of 2

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:

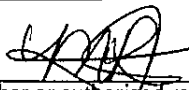
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARLENE REVERON	P.O. BOX 44-2250 MIAMI FLORIDA 33144-2250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ARIALYS PORTAL	P.O. BOX 44-2250 MIAMI FLORIDA 33144-2250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARLENE REVERON	P.O. BOX 44-2250 MIAMI FLORIDA 33144-2250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 11, 2012



Signature of a member or authorized representative of a member

MARLENE REVERON

Typed or printed name of signee