

L13000007783

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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
AVIMAR FC, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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13 DEC -3 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 DEC -3 AM 9:45
AVIMAR FC, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIMAR FC, 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:

Ana Sanz

Name of Person

Interamerican Corporate Services

Firm/Company

2525 Ponce de Leon Blvd., #1225

Address

Coral Gables, FL 33134

City/State and Zip Code

asanz@arhmf.com

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

For further information concerning this matter, please call:

Ana Sanz

Name of Person

at 305 779-3560

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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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	Paola Calandra	2333 Brickell Ave.	<input type="checkbox"/> Add
		#2515	<input checked="" type="checkbox"/> Remove
		Miami, FL 33129	
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated DEC. 3, 2013



Signature of a member or authorized representative of a member

MARCO FERRI, ESQ.

Typed or printed name of signer

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Filing Fee: \$25.00

DEC-3 PM 6:45
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