

L17000020104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

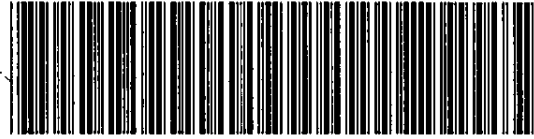
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

JORGE RODRIGUEZ
9211 SW 72ND ST STE 103
MIAMI, FL 33173

SUBJECT: HIALEAH HEIGHTS, LLC
Ref. Number: L13000020104

We have received your document for HIALEAH HEIGHTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00001636

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIALEAH HEIGHTS, 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:

JORGE A RODRIGUEZ

Name of Person

J. A. RODRIGUEZ, CPA, LLC

Firm/Company

9211 SW 72ND STREET, STE 103

Address

MIAMI, FL 33173

City/State and Zip Code

jarcpa@me.com

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

For further information concerning this matter, please call:

JORGE A RODRIGUEZ at (305) 595-1783
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

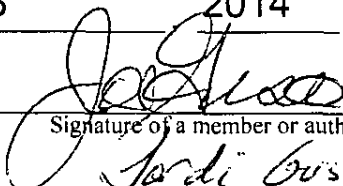
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMON REYES	6619 S DIXIE HWY	<input type="checkbox"/> Add
		#359	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33143	
AMBR	JORDI GUSO	6619 S DIXIE HWY	<input checked="" type="checkbox"/> Add
		#359	<input type="checkbox"/> Remove
		MIAMI, FL 33143	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 08 2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

16 FEB 20 4 01 31
MAIL ROOM
FEB 10 2014