

L13000027080

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(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

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SOUTHERN DISTRICT
OF FLORIDA

MAR 12 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Casuarinas, 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:

Leandro Martin Domian

Name of Person

Las Casuarinas, LLC

Firm/Company

10185 Collins Avenue Apt 306

Address

Bal Harbour, Florida 33154

City/State and Zip Code

leadomian@hotmail.com

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

For further information concerning this matter, please call:

Adrian E. Irias, Esq.

305

400-9652

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

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Las Casuarinas, LLC

Page 1 of 3

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	Leandro Martin	10185 Collins Avenue, Apt 306	<input type="checkbox"/> Add
		Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Remove
MGR	Leandro Martin Domian	10185 Collins Avenue, Apt 306	<input checked="" type="checkbox"/> Add
		Bal Harbour, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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5 22 PM '07

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 24, 2015



Signature of a member or authorized representative of a member

LEANDRO MARTIN DOMIAN

Typed or printed name of signee

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