

L/3000046171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

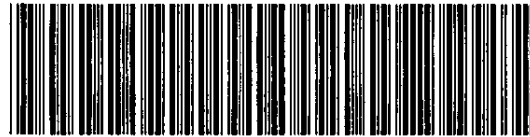
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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A. LUNT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PRINT ANYWHERE 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:

**REINALDO R. ROMAN**

Name of Person

**PRINT ANYWHERE LLC**

Firm/Company

**13574 VILLAGE PARK DRIVE SUITE 205**

Address

**ORLANDO, FL 32837**

City/State and Zip Code

**BUSINESS@PROSOLUTIONSTEAM.COM**

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

For further information concerning this matter, please call:

**REINALDO R. ROMAN**

Name of Person

at **321 682-1124**

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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TALLAHASSEE, FLORIDA

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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	ADRIANA CAROLINA MOSQUERA VALE	14615 CROSSTON BAY CT.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32824	<input type="checkbox"/> Remove
MGR	ANDREINA ROSELIN MOSQUERA VALE	14615 CROSSTON BAY CT.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32824	<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.)*

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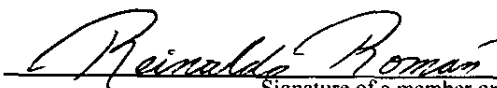
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JANUARY 23, 2014



Signature of a member or authorized representative of a member

REINALDO R. ROMAN

Typed or printed name of signee

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