

LI3000047046

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(Address)

(Address)

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TALLAHASSEE, FLORIDA

13 JUL -8 PM 6:46

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JUL 12 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCEAN WINDOW SYSTEMS, 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:

DAVID GIFFEN

Name of Person

OCEAN WINDOW SYSTEMS, LLC.

Firm/Company

1704 SALZENDO STREET

Address

CORAL GABELS, FL. 33134

City/State and Zip Code

David@floridastateglass.com

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

For further information concerning this matter, please call:

DAVID GIFFEN

Name of Person

305 490-0108

at ()

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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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

OCEAN WINDOWS SYSTEMS, LLC.

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SECRETARY OF STATE
MILWAUKEE, WISCONSIN
L.C. or the abbreviation

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:

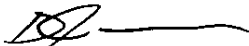
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDO FIGAROLA	6800 SW 40TH ST #318 MIAMI, FL. 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUIS CURBELO	310 N. 68 TER. HOLLYWOOD, FL. 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ALFONZO CATILLO	14738 SW 178TER MIAMI, FL. 33187	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VLADIMER CRUZ	5060 E. 8LN. HIALEAH, FL. 33013	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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DADE COUNTY, FLORIDA

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

Dated July 4, 2013.



Signature of a member or authorized representative of a member

DAVID GIFFEN

Typed or printed name of signee

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Filing Fee: \$25.00

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