

L170000 760 H

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

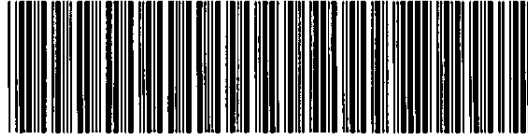
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers DEC 09 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

-SUBJECT: Hepco Hospitality 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:

Eesan Subramaniam

Name of Person

HepCo Hospitality LLC

Firm/Company

999 Ponce de Leon Blvd.

Address

Coral Gables, FL, 33134

City/State and Zip Code

eesan69@gmail.com

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

For further information concerning this matter, please call:

Eesan Subramaniam

786 342-8985

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	Shirin Alishiri	19 Grand Trunk Crst, Toronto, Ontario	<input checked="" type="checkbox"/> Add
		M5J3A3	<input type="checkbox"/> Remove
AMBR	Pirijangan Sritharan	19 Grand Trunk Crst, Toronto, Ontario	<input checked="" type="checkbox"/> Add
		M5J3A3, Canada	<input type="checkbox"/> Remove
MGRM	Eesan Subramaniam	999 Ponce de Leon Blvd, Suite 530,	<input type="checkbox"/> Add
		Coral Gables, FL, 33134	<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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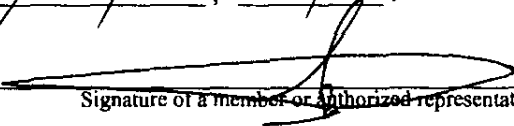
14 DEC -7 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)**

(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 Nov 26/2014, 2014



Signature of a member or Authorized representative of a member

Shirin Alishiri

Typed or printed name of signee

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TALLAHASSEE, FLORIDA