

#L 13000103435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

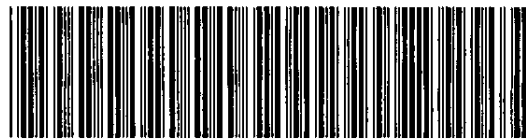
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250672918

08/15/13--01034--013 **25.00

FILED
13 SEP -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 5 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2013

COLOOSEHATCHE TAX
LAWRENCE SWAN
709 CAPE CORAL PKWY W
CAPE CORAL, FL 33914

SUBJECT: R TRIPLEO LLC
Ref. Number: L13000103435

We have received your document for R TRIPLEO 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 913A00019629

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R TRIPLEO 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:

Lawrence Swan

Name of Person

Caloosehatche Tax

Firm/Company

709 Cape Coral Pkwy W

Address

Cape Coral FL 33914

City/State and Zip Code

ofer.pr@gmail.com

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

For further information concerning this matter, please call:

Lawrence Swan

Name of Person

at (**239**) **540-2612**

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

FILED
13 SEP -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGRM	Liora Pravda	709 CAPE CORAL PKWY W	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33914	<input type="checkbox"/> Remove

MGRM	Ofer Pravda	709 Cape Coral PKwy W	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

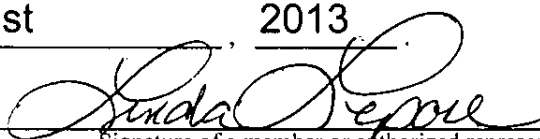
			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

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

Dated 14th August, 2013



Signature of a member or authorized representative of a member

Linda Lepore

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00