

L 13000130460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

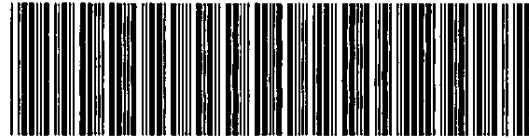
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEC - 9 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA ESCONDIDA, 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:

DANIEL A. NORIANO
Name of Person

LA ESCONDIDA, LLC.
Firm/Company

1100 NE 1st CT. #315
Address

HALLANDALE BEACH, FL 33009 MI
City/State and Zip Code

DMORIANO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL NORIANO at (726) 399 6504
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

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

Title	Name	Address	Type of Action
MGR	GRACIELA LOFANO	1100 NE 1 st CT.	<input checked="" type="checkbox"/> Add
		HALANDALE BEACH, FL	<input type="checkbox"/> Remove
		33009	
			<input type="checkbox"/> Add
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N/A

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

Dated DECEMBER 2nd, 2013.



Signature of a member or authorized representative of a member

DANIEL A. NORIANO.

Typed or printed name of signee

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Filing Fee: \$25.00

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