

L13000144038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

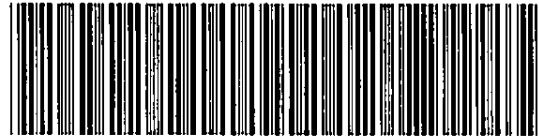
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MILWAUKEE, WISCONSIN

SIMMONS
DEC 21 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KERAT GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA HALPORN

Name of Person

KERAT GROUP LLC

Firm/Company

5481 WILES RD STE 505

Address

COCONUT CREEK FL 33073

City/State and Zip Code

monicahalval@hotmail.com

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

For further information concerning this matter, please call:

MONICA HALPORN

954

623-7527

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	JAVIER VALDECANTOS	5481 WILES RD STE 505	<input type="checkbox"/> Add
		COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 DEC 20
 4:30 PM
 TALLAHASSEE
 COUNTY
 FLORIDA

17 DEC 4
SEPT 1953
PALM BEACH, FLORIDA

FILED
17 DEC 20 AM 11:30
ST. PETERSBURG, FLORIDA
FBI

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 15, 2017

on valid counts.

Signature of a member or authorized representative of a member

Typed or printed name of signee