

L17000 150191

(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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. Stivers JAN 31 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

ELEONORA DEPALMA
PO BOX 190026
MIAMI BEACH, FL 33119

SUBJECT: GELATONE LLC
Ref. Number: L13000150191

We have received your document for GELATONE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00000447

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GELATONE 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:

ELEONORA DEPALMA

Name of Person

ELEONORA DEPALMA PA

Firm/Company

P.O. BOX 190026

Address

MIAMI BEACH, FL. 33119

City/State and Zip Code

nicola.montecchi@libero.it

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

For further information concerning this matter, please call:

ELEONORA DEPALMA

Name of Person

305 4392033

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

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	Lorenzo Scatigna	935 16th Street	<input type="checkbox"/> Add
		Miami Beach, FL. 33139	<input checked="" type="checkbox"/> Remove

MGRM	Lorenzo Scatigna	935 16th Street	<input checked="" type="checkbox"/> Add
		Miami Beach, FL. 33139	<input type="checkbox"/> Remove

MGRM	Stefano Baroni	1555 Pennsylvania Ave # 209	<input checked="" type="checkbox"/> Add
		Miami Beach, FL. 33139	<input type="checkbox"/> Remove

MGRM	Francesco Mangani	1550 Pennsylvania Ave # 115	<input checked="" type="checkbox"/> Add
		Miami Beach, FL. 33139	<input type="checkbox"/> Remove

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			<input type="checkbox"/> Add
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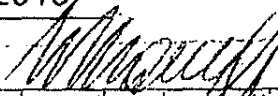
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 23 of December, 2013


Signature of a member or authorized representative of a member

NICOLA MONTECCHI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

6:11:00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA