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(Address)

(Address)

(City/State/Zip/Phone #)

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04/01/14 1-13-1402
04/01/14 1-13-1402

B. BOSTICK
APR - 3 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLAYANAR, 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:

MIGUEL F. MIRABAL

Name of Person

GLOBAL LEGAL

Firm/Company

2655 LEJEUNE ROAD SUITE 412

Address

CORAL GABLES, FL, 33134

City/State and Zip Code

mmirabal @ globallegalmiami.com

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

For further information concerning this matter, please call:

MIGUEL F. MIRABAL

Name of Person

at (305)

Area Code

773 1010

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

PLAYANAR LLC

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MGR = Manager
AMBR = Authorized Member

MGR Carmen R Benard 325 S Biscayne Blvd ☐ Add
523, Miami, ☒ Remove
33131 FL

~~Carmen G Benard 681 NE 55 TER~~ ☐ Add
~~Miami, FL, 33131~~ ☒ Remove

M6R Luis Benard 325 S Biscayne Blvd ☐ Add
#523, Miami, ☒ Remove
33131, FL

MGR/AMB12 SOLYMARE LLC 325 S Biscayne Blvd ☒ Add
523, Miami, ☐ Remove
33131, FL

☐ Add
☐ Remove

- ☐ Add
- ☐ Remove
- ☐ Add
- ☐ Remove

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

N/A

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 02/13/2014



Signature of a member or authorized representative of a member

CARMEN BENARD

Typed or printed name of signee

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Filing Fee: \$25.00

2014-02-13 PM 4:00
FILED