

L14000023534

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H14000110271 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (954) 532-3842
Fax Number : (954) 532-3847

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: paula@eagle-tax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXPRESSAO COMMUNICATIONS GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

14 MAY -8 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2014 MAY -8 AM 8:16
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Expressao Communications Group, 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:

Edivaldo A Fontes

Name of Person

Eagle Tax Representation Corp

Firm/Company

5493 Wiles Road Ste 105

Address

Coconut Creek, FL 33073

City/State and Zip Code

paulo@eagle-tax.com

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

For further information concerning this matter, please call:

Paulo Oliveira, EA

Name of Person

at **(954) 532-3842**

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

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

05/08/2014 09:53

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	David A Friedman	7899 Rockford Rd	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33472	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: 05-07-2014 (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 May 7th, 2014



Signature of a member or authorized representative of a member

Edivaldo A Fontes

Typed or printed name of signee

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Filing Fee: \$25.00

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