

L14000026674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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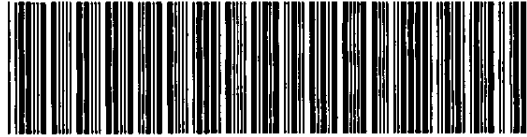
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 08 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & R ASSOCIATED, 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:

ANA M. PAREJA

Name of Person

Firm/Company

601 NE 23RD ST, APT. 706

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

parejana@hotmail.com

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

For further information concerning this matter, please call:

ANA M. PAREJA

Name of Person

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

A & R ASSOCIATED, LLC

Page 1 of 3

14 DEC 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Zip Code

• 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: _____ (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 December 22, 2014.

Ana Pardo

Signature of a member or authorized representative of a member

Ana Pardo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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