

L14000027539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

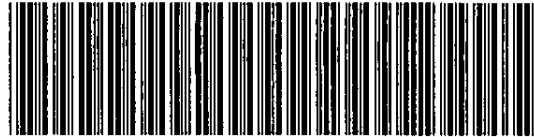
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

○ SIMMONS

OCT 18 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREYNOLDS 517 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:

GUILLERMO GALLO

Name of Person

GREYNOLDS 517 LLC

Firm/Company

17890 W DIXIE HWY PH-718

Address

N MIAMI BEACH, FL 33160

City/State and Zip Code

PITRIN@AOL.COM

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

For further information concerning this matter, please call:

GUILLERMO GALLO

at (786) 210 3663

Name of Person

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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16 OCT 17 PM 7:34
DIVISION OF CONFINEMENTS
and assigned

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

Page 1 of 3

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	CECILIA NOEMI GALLO	17890 W DIXIE HWY PH-718	<input type="checkbox"/> Add
		N MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 DIVISION OF GENERAL INVESTIGATION
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DIVISION OF CONSERVATION

16 OCT 17 PM 1:34
DIVISION OF CONSUMER AFFAIRS

7-10

(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 September 29, 2016

Signature of a member or authorized representative of a member

GUILLERMO GALLO

Typed or printed name of signee