

L14000039940

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305) 361-6161
Fax Number : (305) 361-6168

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

Email Address: LPSALAZARLAW@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KEYLAGO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Lago 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:

Lisette Salazar, Esq.

Name of Person

Lisette Pie Salazar PA

Firm/Company

200 Crandon Blvd. #311

Address

Key Biscayne, Fl. 33149

City/State and Zip Code

lpsalazarlaw@aol.com

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

For further information concerning this matter, please call:

Lisette Salazar

Name of Person

at 305 361-6161

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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Apr 2 2014 01:01pm P003
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Fax:

Apr 2 2014 01:02pm P004
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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>
<u>mgr</u>	<u>Carolina Herrera Dibos</u>	<u>715 N. Mashta Dr.</u>	<input type="checkbox"/> Add
		<u>Key Biscayne, Fl. 33149</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Rafael R. Navarro Grau Dyer</u>	<u>715 N. Mashta Dr.</u>	<input type="checkbox"/> Add
		<u>Key Biscayne, Fl. 33149</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Marcos Sabaducci Prada</u>	<u>715 N. Mashta Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Key Biscayne, Fl. 33149</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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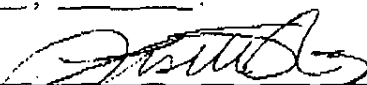
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: March 10, 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 March 10, 2014



Signature of a member or authorized representative of a member

Lisette Salazar Esq

Typed or printed name of signee

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Filing Fee: \$25.00

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