

L14000043718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

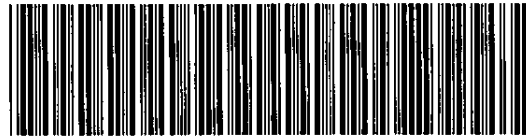
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8.000000 FEB - 4 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLA VALET 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:

Bruno Valdivia

Name of Person

FLA VALET LLC

Firm/Company

1920 Piccadilly Circus

Address

Naples, FL 34112

City/State and Zip Code

bruno@flavalet.com

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

For further information concerning this matter, please call:

Bruno Valdivia

239
at ()

398-7499

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2014

BRUNO VALDIVIA
1920 PICCADILLY CIRCUS
NAPLES, FL 34112

SUBJECT: FLA VALET LLC
Ref. Number: L14000043718

RECEIVED
15 FEB -3 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for FLA VALET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 914A00026579

FLA VALET LLC

Page 1 of 3

15 FEB - 3 PM : 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Bruno Valdiva	1920 Piccadilly Circus	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
MGR	James J. Del Sordo	1920 Piccadilly Circus	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
MGR	Tyler Gyorkos	1920 Piccadilly Circus	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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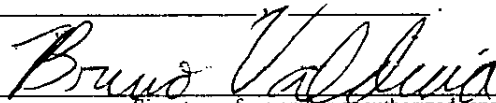
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TALLAHASSEE, FLORIDA

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 9th 2014



Signature of a member or authorized representative of a member

Bruno Valdivia

Typed or printed name of signer

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TALLAHASSEE, FLORIDA