

L14000064789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900259264049

04/28/14--01022--015 **25.00

FILED
14 APR 28 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCHA & RROCHA & ROCHA ENTERPRISE LLC OCHA ENTERPRISE 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:

CRISTINA RIVERA

Name of Person

SAFETY BUSINESS LLC

Firm/Company

6220 S ORANGE BLOSSOM TRL STE 600

Address

ORLANDO, FL 32809

City/State and Zip Code

CRISTINA@SAFETYTAX.COM

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

For further information concerning this matter, please call:

CRISTINA RIVERA

Name of Person

at **407 888-4747**

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

ROCHA & ROCHA ENTERPRISE LLC

Page 1 of 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 28 AM 9:35
Zip Code

MGR = Manager
AMBR = Authorized Member

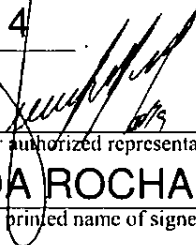
☐ Add
☒ Remove
 14 APR 28 AM 9:45
 SEARCHED
 INDEXED
 SERIALIZED
 FILED
 TALLAHASSEE FLORIDA

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 APRIL 22, 2014



Signature of a member or authorized representative of a member

ANTONIO DE HOLLANDA ROCHA

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 APR 28 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA