

L14 0000 65191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

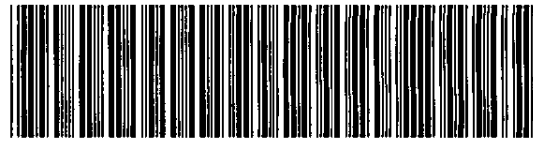
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500266180125

11/12/14--01037--010 \*\*35.00

FILED  
2014 NOV 12 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

DEC 29 2014  
T CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2014

ANA ASTUDILLO  
9810 MARINA BLVD APT 1125  
BOCA RATON, FL 33428

SUBJECT: DEDICATED APPLIANCE LLC  
Ref. Number: L14000065191

We have received your document for DEDICATED APPLIANCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 514A00024630

2014 NOV 12 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
14 DEC 22 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DEDICATED APPLIANCE 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 ASTUDILLO

Name of Person

DEDICATED APPLIANCE LLC

Firm/Company

9810 MARINA BLVD APT 1125

Address

BOCA RATON, FL 33428

City/State and Zip Code

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

For further information concerning this matter, please call:

ANA ASTUDILLO

954

228-2188

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)

*PREVIOUSLY SENT  
w/WRONG FORMS*

### 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

2014 NOV 12 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

## Page 1 of 3

SECRETARY OF THE ARMY  
TALLAHASSEE, FLORIDA  
2014 NOV 12 11 37 43  
"E.C." abbreviation

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	CAMILO MESA	9810 MARINA BLVD APT 1125	<input type="checkbox"/> Add
		BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 NOV 12 PM 10:43  
 SEVEN 2700 STATE  
 FALL ANNUAL MEETING

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

---

---

---

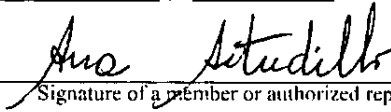
---

---

E. Effective date, if other than the date of filing: 12/12/2014 (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 DECEMBER 12TH, 2014



Signature of a member or authorized representative of a member

ANA ASTUDILLO

Typed or printed name of signer

2014 NOV 12 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED