

L14000069813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

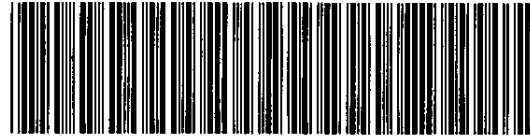
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PALOMEQUE SERVICES 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:

MATILDE PALOMEQUE

Name of Person

PALOMEQUE SERVICES LLC

Firm/Company

137 NE 69 ST

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

mpalomeque@hotmail.com

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

For further information concerning this matter, please call:

MATILDE PALOMEQUE at **954 909-2150**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

PALOMEQUE SERVICES LLC

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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> |
|--------------|---------------------------|---------------------------|--|
| MGR | PALOMEQUE MORALES MATILDE | 4309 NW 55 ST | <input checked="" type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33319 | <input type="checkbox"/> Remove |
| MGR | PALOMEQUE MATILDE | 137 NE 69 ST | <input type="checkbox"/> Add |
| | | FLRT LAUDERDALE, FL 33309 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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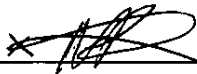
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing. _____ (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 08/12, 2014



Signature of a member or authorized representative of a member

MATILDE PALOMEQUE MORALES

Typed or printed name of signee

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Filing Fee: \$25.00

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