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. **

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CASA DEL MAR 17-C, LLC

Certificate of Status	0
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COVER LETTER

TO:

Registration Section Division of Corporations

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Casa Del Mar 17-C, 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 Salazar PA

Firm/Company

200 Crandon Blvd. #311.

Address

Key Biscayne, Fl. 33149

City/State and Zip Code

ipsalazariaw@aol.com

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

For further information concerning this matter, please call:

Lisette Salazar Esq.

ູ,305 ,361-616

Name of Person

Area Code

Daysime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is anclosed)

□ \$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/COURTER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallshasses, FL 32301

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May 30, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

CASA DEL MAR 17-C, LLC 881 OCEAN DRIVE SUITE 17-C KEY BISCAYNE, FL 33149US

SUBJECT: CASA DEL MAR 17-C, LLC

REF: L14000078181

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H14000125675 Letter Number: 414A00011627

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is on our records, enter the name of	the new
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	MENT ZATION DECOMPAND DECOMPAN

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

(((H14000125675 3)))

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> Type of Action mgr. 881 Ocean Drive, Suite 17-C Stanwell Quality Company Inc. □ Add Key Biscayne, Fl. 33149 881 Ocean Drive, Suite 17-C mgr Ballon Properties International Inc. 🖪 Add Key Biscayne, Fl. 33149 ☐ Remove □ Add □ Remove □ Add ⊡**CI** Add I Remogo □ Remove

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Filing Fee: \$25.00

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