

L14 0000092683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

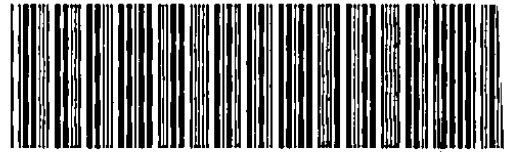
(Business Entity Name)

(Document Number)

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09-27-19--01007--021 **

2019 SEP 27 AM 11:39

C. GOLDEN

OCT 14 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **USA CARIB IMPORTS & TRADING 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:

FITZROY DELISSER

Name of Person

Firm/Company

930 NW 201 WAY

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

USACARIBINVEST@COMCAST.NET

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

For further information concerning this matter, please call:

FITZROY DELISSER

954 670-3171

at (_____) _____

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

2019 SEP 27 AM

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	JULIA DELISSER	930 N.W 201 WAY, PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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1). If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

OCTOBER 1 2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1

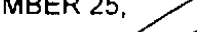
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest

(b) The 90th day after the record is filed.

Dated SEPTEMBER 25, 2019

SEPTEMBER 25, 2019


Signature of a member or an

Signature of a member or authorized representative of a member

Fitzroy W. Delisser
Typed or printed name

Typed or printed name of signee