

L14 000116701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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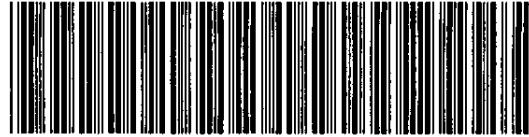
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2. Shivers FEB 03 2015

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: AUTOBAHNUSA 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:

RICARDO DA VEIGARASSAM

Name of Person

AUTOBAHNUSA LLC.

Firm/Company

1335 OLD DIXIE HWY . 32 B-C

Address

LAKE PARK, FL 33403

City/State and Zip Code

rrassam@aol.com

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

For further information concerning this matter, please call:

Ricardo da VeigaRassam

954 464-1101

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)

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

AUTOBAHNUSA 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>
AMBR	RICARDO R CORTESE	1335 OLD DIXIE HWY 32 B-C	<input checked="" type="checkbox"/> Add
		LAKE PARK, FL. 33403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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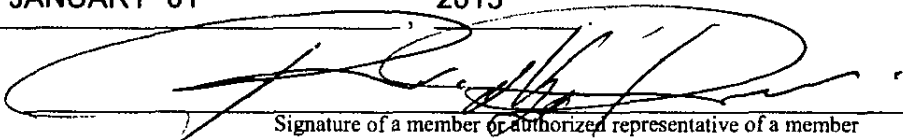
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 JANUARY 01 2015



Signature of a member or authorized representative of a member

RICARDO DA VEIGARASSAM

Typed or printed name of signee

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Filing Fee: \$25.00

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