

214 000 137859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

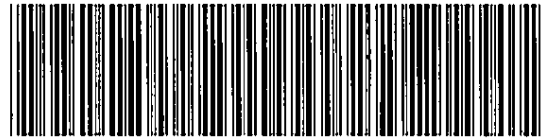
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/18--01006--025 **25.00

2018 SEP 21 AM 9:54

T. CLINE

SEP 25 2018

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

NAZEERA DUPOUX
3627 DAVIE BLVD
FORT LAUDERDALE, FL 33312

SUBJECT: RUELLIO, LLC
Ref. Number: L14000137859

We have received your document for RUELLIO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 was missing from your document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 518A00018917

2018 SEP 12 AM 9:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUELLIO 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:

NAZEERA DUPOUX

Name of Person

DAVIE ACCOUNTING & ASSOCIATES

Firm/Company

3627 DAVIE BLVD

Address

FORT LAUDERDALE, FLORIDA 33312

City/State and Zip Code

davieacct@gmail.com

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

For further information concerning this matter, please call:

NAZEERA DUPOUX 954 791-6671

Name of Person at () Daytime Telephone Number
Area Code

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

2016 SEP 2 AM 9:54

RUELLIO LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
VP	ANGEL SOTO	P.O. Box 813040 Hollywood, FL 33081	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input 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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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2011 BY 60322
UCBAW/STP/STP/STP/STP/STP

9/20/20

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.

Dated 9/24/16

Christa Rued

Signature of a member or authorized representative of a member

move

Typed or printed name of signee