

L14000142940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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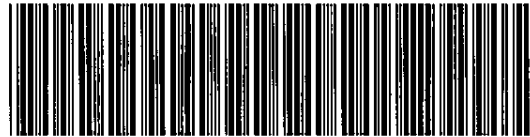
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELITE GLOBAL REALTY 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:

REBECA FERNANDEZ

Name of Person

ELITE GLOBAL REALTY LLC

Firm/Company

13538 VILLAGE PARK DR STE 110

Address

ORLANDO, FL. 32837

City/State and Zip Code

MAGALYNFMS@GMAIL.COM

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

For further information concerning this matter, please call:

REBECA TOTORICA

407 758-2604

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

ELITE GLOBAL REALTY 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	FERNANDEZ, REBECA	12561 WISCOSIN WOODS LANE	☐ Add
		ORLANDO, FL. 32824	☒ Remove
MGR	TOTORICA, REBECA F	12561 WISCOSIN WOODS LANE	☐ Add
		ORLANDO, FL. 32824	☒ Remove
AMBR	TOTORICA, REBECCA	12561 WISCOSIN WOODS LANE	☒ Add
		ORLANDO, FL. 32824	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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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 OCTOBER 24 2014



Signature of a member or authorized representative of a member

REBECCA TOTORICA

Typed or printed name of signee

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Filing Fee: \$25.00

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