

L14000144540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL GRIFFIN DEC 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HUG ME 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:

STEFANIA BAU

Name of Person

HUG ME LLC

Firm/Company

P.O. BOX 12372

Address

TALLAHASSEE, FL 32317

City/State and Zip Code

STEFY.BAU@NEXTUS.GLOBAL

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

For further information concerning this matter, please call:

STEFY BAU

310 6002942
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC 11 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2015

STEFANIA BAU
PO BOX 12372
TALLAHASSEE, FL 32317

SUBJECT: HUG ME LLC
Ref. Number: L14000144540

We have received your document for HUG ME LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00024753

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	GIOVANNI LIGURGO	VIA MODURE' 63	<input type="checkbox"/> Add
		BORGIO TICINO, NOVARA, 2804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRET
TALAMAS

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 NOVEMBER 18TH 2015


Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

STEFANIA BAU

Typed or printed name of signee