

L140000156473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

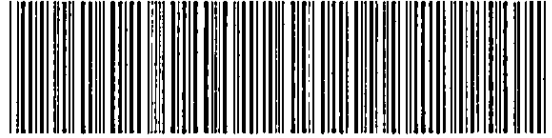
(Document Number)

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JUN 24 2020

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN 12 AM 10:15

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2020

NEW SOLUTION REAL ESTATE LLC  
13740 ROANOKE ST  
DAVIE, FL 33325

SUBJECT: NEW SOLUTION REAL ESTATE LLC  
Ref. Number: L14000156473

We have received your document for NEW SOLUTION REAL ESTATE 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):

The complete document was not received.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 120A00011718

Please

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Solution Real Estate 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:

Andrea Ferreira, MGR

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13740 Roanoke St

\_\_\_\_\_  
Address

Davie, FL 33325

\_\_\_\_\_  
City/State and Zip Code

ABF@AndreaBFerreira.com

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

For further information concerning this matter, please call:

Andrea Ferreira

954

303-8289

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

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 605.0207 (Jub)

**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 earlier of: (b) The 90th day after the record is filed.

Dated May 15, 2020

JULIANO GUEIROZ

Signature of a member or authorized representative of a member

Juliano F De Queiroz

Typed or printed name of signee

**Filing Fee: \$25.00**