

# L14000179042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 JUL 13 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 15 2015

ACCEPTANCE NOTICE BY NEW REGISTERED AGENT  
OF MANAGEMENT SEVEN LLC.

July 3<sup>rd</sup>, 2015

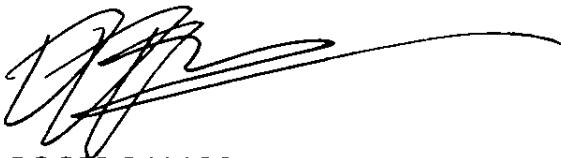
To Florida Department of State  
Division of Corporations

SUBJECT: NEW REGISTERED AGENT of Management Seven LLC  
REF: L14000179042

Dear Sir/ Madame,

I, Roger Ramos, hereby am familiar with and accept the duties and responsibilities as NEW REGISTERED AGENT for MANAGEMENT SEVEN LLC.

Sincerely,

A handwritten signature in black ink, appearing to read 'RR', with a long horizontal flourish extending to the right.

ROGER RAMOS  
Prospective Registered Agent

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Management Seven 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:

Dario Procopio

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

Zen Dristibutors Group LLC

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

2047 NW 24th Avenue

\_\_\_\_\_  
Address

Miami

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

Briclaw1@gmail.com

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

For further information concerning this matter, please call:

Dario Procopio

786 286- 6999  
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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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	Sanchez, Lazaro	247 SW 8th Street, suite 317	<input type="checkbox"/> Add
		Miami, Fl 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ramos, Roger	247 SW 8th Street, suite 317	<input checked="" type="checkbox"/> Add
		Miami, Fl 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE  
PALM BEACH, FL 33401

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

N/A

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E. Effective date, if other than the date of filing: N/A (optional)

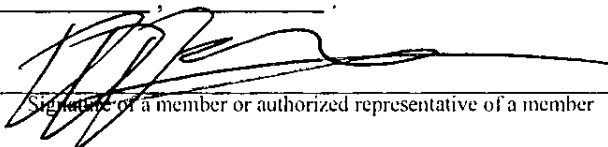
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 July, 8th 2015



Signature of a member or authorized representative of a member

Roger Ramos

Typed or printed name of signee