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TALLAHASSEE, FLORIDA

J Shivers DEC 10 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PFR OFFICE DORAL 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:

Manuel J. Vadillo, Esq.

Name of Person

Torres & Vadillo LLP

Firm/Company

11402 NW 41st Street, Suite 202

Address

Doral, FL 33178

City/State and Zip Code

mjvadillo@torresvadillollp.com

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

For further information concerning this matter, please call:

Manuel J. Vadillo

305 485-9700  
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



PFR OFFICE DORAL 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>
MGR	Juan G. Ramos	11450 NW 34TH STREET	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Doral, FL 33178	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 December 1st, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Juan Manuel Fayen

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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