

L15000027519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

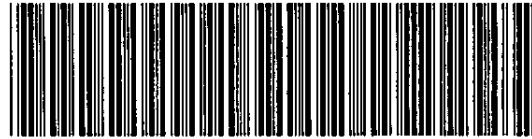
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2016

RUBEN ALCOBA, ESQ.
3399 NW 72 AVE STE 211
MIAMI, FL 33122

SUBJECT: BLUEWIRE PRO L.L.C.
Ref. Number: L15000027519

RECEIVED
2017 JAN 23 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BLUEWIRE PRO L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00026146

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEWIRE PRO 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:

RUBEN ALCOBA, ESQ.

Name of Person

ALCOBA LAW GROUP PA

Firm/Company

3399 NW 72 AVENUE, STE 211

Address

MIAMI, FLORIDA 33122

City/State and Zip Code

ALCOBA@MIAMIPATENTS.COM

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

For further information concerning this matter, please call:

RUBEN ALCOBA

305 362-8118
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

FILED
JAN 3 11 30 AM '06
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

17 JAN 2006
☐ Remove
☒ Change
☐ Add
☐ Remove

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: 12/01/2016 (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 December 1, 2016

Signature of a member or authorized representative of a member

MGRM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA