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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LEGACIA SRL LLC		
	mited Liability Company	
Dear Sir or Madam:		
The enclosed Amendment or Cancellation of Stateme	nent of Authority and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	itter to the following:	
GUILLERMO GLEIZER		
Name of Person		
LEGACIA SRL LLC		
Firm/Company		
345 OCEAN DRIVE, UNIT 1025		
Address		
MIAMI BEACH FL 33139	722	
City/State and Zip Code	2010 MAR SECRETALLEANA	Branco.
ARI.GUI@GMAIL.COM	ASS.	10.0
E-mail address: (to be used for future annua		in the second
For further information concerning this matter, pleas	[4]	فريب
GUILLERMO GLEIZER	917 5390175 57 57	
Name of Person	Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:	
FIRST: The name of the limited liability company is: LEGACIA SPULLE	
	_
SECOND: The Florida Document number of the limited liability company is:	_
THIRD: The street address of the limited liability company's principal office is:	
345 OCEAN DRIVE	
UNIT 1025	
MIAMIBEACH FL 33139	
The mailing address of the limited liability company's principal office is: 345 OCEAN DRIVE UNIT 1025	
FOURTH: The date the statement of authority became effective is: 03/22/2017	Î
FIFTH: The statement of authority is cancelled.	129 T2
The amond the state the state the first state the state	7
GULERTO GLETZE Signature of authorized representative GULERTO GLETZE Typed or printed name of signature	R

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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