

L15000112729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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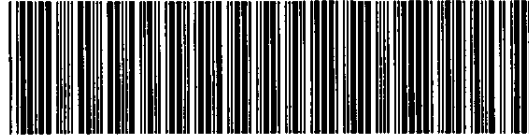
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUA SEA 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:

PABLO A MOREIRA-CEDILLO

Name of Person

EQUA SEA LLC

Firm/Company

409 M IS JWU 1792

Address

LONGWOOD FLORIDA 32750

City/State and Zip Code

RAPIDTAXFL@OUTLOOK.COM

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

For further information concerning this matter, please call:

MARTHA CHAVES

407 4154465
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

EQUA SEA LLC

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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>
MGR	PABLO A MOREIRA-CEDILLO	5552 GARDEN GROVE CIR	<input type="checkbox"/> Add
		WINTER PARK FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNIS RONQUILLO	600 N US HWY 1792 STE 162	<input checked="" type="checkbox"/> Add
		LONGWOOD FL 32750	<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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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.

Dated **SEPTEMBER 15**, **2015**

Pablo A. Moretti

Signature of a member or authorized representative of a member

Pablo A. Moreira

Typed or printed name of signee