

215000123260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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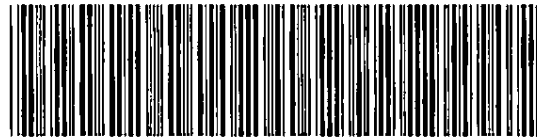
(Business Entity Name)

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S. WARREN

OCT 13 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LA Esmeralda  
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:

Rosario Sanchez  
Name of Person

LA Esmeralda  
Firm/Company

301 Alcazar  
Address

Concl Gables, FL 33134  
City/State and Zip Code

Rosario.sanchez@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosario Sanchez at (305) 798-8973  
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

## LA Esmeralda

FILED  
7 OCT 11 AM 1:28  
U.S. DEPARTMENT OF JUSTICE  
REGISTERED AGENT  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
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JAIL

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>
ADM	Carlos Ekmeiro	11089 NW 47th LN	<input type="checkbox"/> Add
		Doral, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated October 04 . 2017

ROSCNO / SCNCHEZ  
Typed or printed name of signee

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