

L16000082943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

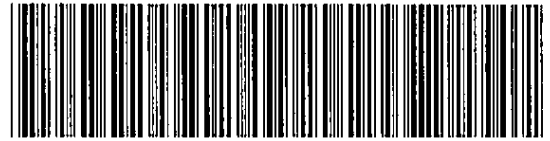
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 13 AM 10:41

N COOPER

JUL 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORAL HOME DECOR CENTER 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:

ANNE MARIE PASCUAL

Name of Person

Firm/Company

751 DAVIS ROAD

Address

CORAL GABLES, FL 33143

City/State and Zip Code

donaga811@aol.com

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

For further information concerning this matter, please call:

ANNE MARIE PASCUAL

305 986-9132

Name of Person

at (_____) _____

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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	ANNE MARIE PASCUAL	751 DAVIS ROAD	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOMENICA SNYDER	12920 SW 111TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHEN MUSOLINO	11456 NW 48TH STREET	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee