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(Requestor's Name) (Address) (Address)	100287515341	
(City/State/Zip/Phone #)	07/05/1601009028 **125.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED TALLAP/SSEE. TORIDA 16 JUL 29 AH 5: 46	
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2016

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LEO LUBE 3302 OAK DRIVE HOLLYWOOD, FL 33021

SUBJECT: LL GROUP LLC Ref. Number: W16000049077

We have received your document for LL GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000034755.

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) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 316A00014825

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahasson, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

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LL33 CONS SUBJECT:	ULTING GROUP LLC		16 J	SECR
	Name of Limited Liability Compan	ıy	JUL 29	
The enclosed Articles of C	Organization and fee(s) are submitted for filing.		AH	190 190
Please return all correspon	dence concerning this matter to the following:		ب ت	STAT ORI
LEONARDO	ALMEIDA		5	55

Firm/Company

Name of Person

3302 OAK DRIVE

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

LEOLUBE31@GMAIL.COM

.

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

For further information concerning this matter, please call:

LEONARDO ALMEIDA	954 at (918-6285
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amount	:	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Stat	us Certifie	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> New Filing Section	•	Street Address New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle
		Tallahassee, FL 32301

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ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	LEONARDO ALMEIDA
	3302 OAK DRIVE HOLLYWOOD, FL33021
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS

Loomp More	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Si I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.	
LEONARDO ALMEIDA	16
Typed or printed name of signee	,ن
Filing Fees:	L L
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	29
\$ 30.00 Certified Copy (Optional)	-
\$ 5.00 Certificate of Status (Optional)	AN
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Page 2 of 2	 E